

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

104062-040285
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED NOV 13 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b DOA		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN Crystal Lake Park		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last DR. W. W. Hanford				4. DATE OF DEATH Month Day Year October 29, 1962		5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
8. DATE OF BIRTH 7/24/91		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Medical			
11. BIRTHPLACE (City and state or country) Elmira, N.Y.				12. CITIZEN OF WHAT COUNTRY USA				13a. FATHER'S NAME Mark Hanford		13b. MOTHER'S MAIDEN NAME Alice Mead		14. NAME OF HUSBAND OR WIFE Nondas Hanford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Nondas Hanford, 43 Countryside Lane, St. Louis 31, Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Arteriosclerosis</i> DUE TO (c) <i>4201</i>										INTERVAL BETWEEN ONSET AND DEATH <i>2 Hours</i> <i>unknown</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arterial Hypertension</i>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE			
21. I attended the deceased from <i>June 6, 1960</i> to <i>Oct. 29, 62</i> and last saw him alive on <i>Aug. 8, 1962</i> Death occurred at <i>12:30 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Clement J. Sullivan, M.D.</i>						22b. ADDRESS <i>4161 Rendell St. Louis</i>			22c. DATE SIGNED <i>10-30-62</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE <i>11/1/62</i>		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory			23d. LOCATION (City, town, or county) St. Louis County, Mo.			23e. (State)			
24. FUNERAL DIRECTOR Louis H. Bopp, Inc., Kirkwood 22, Mo.						25. DATE RECD. BY LOCAL REG. OCT 30 1962		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Wyland
Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.