MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-040361

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10262

FILED NOV 1 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY:
c. CITY OR TOWN: St. Louis. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1221 Tower Grove. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BERNICE Middle DEAN Last INMAN

4. DATE OF DEATH: Month OCTOBER Day 25 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/18/1945
9. AGE (last birthday): 17 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Salem, Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Paul Inman
13b. MOTHER'S MAIDEN NAME: Louise Patterson
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Paul Inman, 1221 Tower Grove, Ave. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): SUPERIOR VENA CAVA OBSTRUCTION AND CELLULITIS OF RIGHT ORBIT — INTERVAL BETWEEN ONSET AND DEATH: SEVERAL DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): MESOTHELIOMA OF RIGHT CHEST — 4 YEARS
DUE TO (c): 227X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 SEPT. 25, 1962, to OCT. 25, 1962 and last saw her/him alive on OCT. 25, 1962
Death occurred at 3:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. O. Vermillion, M.D. M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 10/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-25-62
23c. NAME OF CEMETERY OR CREMATORY: Dry Fork Cemetery
23d. LOCATION (City, town, or county) (State): Salem, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: OCT 26 1962
26. REGISTRAR'S SIGNATURE: Hoad Smith, M.D.

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 J Wm Bentley

Licensed Embalmer No. 3653

P. O. Address St Leon Ga

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.