

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040436

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10087

NOV 1 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Wash.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Length of stay in 1b	c. CITY OR TOWN <i>BELGRADE</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <i>CHILDRENS HOSP.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>none</i>
3. NAME OF DECEASED (Type or print) First <i>Connie</i> Middle <i>CHARLENE</i> Last <i>LANDS</i>		4. DATE OF DEATH Month <i>Oct.</i> Day <i>20</i> Year <i>1962</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-20-62</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Baby</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>0</i>
11a. FATHER'S NAME <i>WARREN LANDS</i>		11b. MOTHER'S MAIDEN NAME <i>NELDA E. MARLER</i>	12. CITIZEN OF WHAT COUNTRY <i>USA.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT <i>WARREN LANDS</i> Address <i>BELGRADE Mo.</i>
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>Hemorrhagic Pneumonitis.</i> DUE TO (b) <i>Hemolytic Disease of the newborn.</i> DUE TO (c) <i>7:00</i>			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>12:30 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. Sparks</i> (Degree or title)		22b. ADDRESS <i>1300 Claiborne</i>	22c. DATE SIGNED <i>10-22-62</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <i>10-22-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>BELGRADE</i>	23d. LOCATION (City, town, or county) (State) <i>BELGRADE, MISSOURI</i>
24. FUNERAL DIRECTOR <i>SPARKS</i> ADDRESS <i>Potosi, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 22 1962</i>	26. REGISTRAR'S SIGNATURE <i>Ward Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.