

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044157

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10691**

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 19 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.

Original - primary certificate - *Jefferson* DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>City of St. Louis, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>City of St. Louis</b>		Length of stay in 1b <b>3 mo. 14 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Frisco Employees Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1134 Hovey</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Arthur</b> Last <b>Dummit</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>6</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 29, 1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road</b>	
13a. FATHER'S NAME <b>Charles A. Dummit</b>		13b. MOTHER'S MAIDEN NAME <b>Hilda Hutgren</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma with generalised metastases</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Known 3 mo</b>	
DUE TO (b) _____		DUE TO (c) <b>1527</b>	
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 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 _____ 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 <b>Monette, Mo</b>	
21. I attended the deceased from <b>July 23, 1962</b> to <b>Nov. 6, 1962</b> and last saw <sup>her</sup> him alive on <b>Nov. 6, 1962</b>		Death occurred at <b>9:50 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Norman Miller M.D.</i> (Degree or title)		22b. ADDRESS <b>H 960 Laclede St. Louis</b>	
22c. DATE SIGNED <b>11-6-62</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-7-62</b>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Klingner Funeral Home, Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 7 1962</b>	
26. REGISTRAR'S SIGNATURE <i>Boal Smith, M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

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NOV 19 1962

NOV 30 1962

**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 Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis 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.