

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045520

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 63

FILED NOV 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

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

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. GENEVIEVE		Length of stay in 1b 15 YEARS	c. CITY OR TOWN ST. GENEVIEVE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 690 ROZIER ST		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) STAR ROUTE 1
3. NAME OF DECEASED (Type or print) First CLAUDE Middle EDWARD Last MC FERRON		4. DATE OF DEATH Month NOV Day 21 Year 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 1/24/07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 55
13a. FATHER'S NAME EDGAR MC FERRON		13b. MOTHER'S MAIDEN NAME ADA ANCEL	14. NAME OF HUSBAND OR WIFE OPAL WINCHESTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Opal Mc Ferron Mrs. Genesee Mo
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 25 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 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 _____ 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 12⁵⁵ AM to 12:30 PM and last saw her/him alive on 11-21-62 Death occurred at 12²⁰ P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Geord E. Martin D.O.		22b. ADDRESS 690 Rozier, St. Genevieve Mo	22c. DATE SIGNED 11/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11/24/62	23c. NAME OF CEMETERY OR CREMATORY MORGAN	23d. LOCATION (City, town, or county) ADVANCE MO
24. FUNERAL DIRECTOR ADDRESS Geo. C. Baerle Sr. Genesee Mo		25. DATE RECD. BY LOCAL REG. 22 November 1962	26. REGISTRAR'S SIGNATURE George F. Wood

NOV 27 1962

APR 16 1963

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

Adrian J. Ellis

Licensed Embalmer No. 4740

P. O. Address

St. Genevieve 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.