

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045621

STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 30

DO NOT WRITE ON THIS STUB AMENDED

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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | ITEM NO. | SHOULD READ |
| 1/030 | | | | | | | | |
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USE BLACK INK OR TYPEWRITER RIBBON

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| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bell City, Missouri</u> | | Length of stay in 1b <u>2 years</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shetley Nursing Home</u> | | d. STREET ADDRESS (If outside, give location) <u>231 Stone St.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Savilla</u> Middle <u>Grace</u> Last <u>Tyler</u> | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>9</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/9/1877</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and state or country) <u>St. Francois County U.S.A</u> |
| 13a. FATHER'S NAME <u>William Cole</u> | | 13b. MOTHER'S MAIDEN NAME <u>Francis Vandored</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | |
| 17. INFORMANT <u>Blanche Gunther High Ridge, Mo</u> | | 17. 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) <u>Stroke</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Circulatory Failure</u> | | | <u>24 HRS</u> |
| DUE TO (c) <u>CEREBRAL THROMBOSIS</u> | | | <u>30 HRS</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchial pneumonia advanced cerebral sclerosis</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" 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 <u>May 6/</u> to <u>11-9-62</u> and last saw her alive on <u>11-8-62</u> Death occurred at <u>8:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>L.G. Masterson D.O.</u> | | 22b. ADDRESS <u>Admire, Mo.</u> | |
| 22c. DATE SIGNED <u>11/3/62</u> | | 22d. DATE SIGNED (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11/11/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bell City Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Bell City, Mo</u> |
| 24. FUNERAL DIRECTOR <u>Coy Shetley</u> | | ADDRESS <u>Bell City, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>11/15/62</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>Bernice Moore</u> | |

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 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 J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.