

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046449

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 271

STATE FILE NUMBER

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

ITEM NO. SHOULD READ

DOCUMENT

FILED JAN 8 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) Washington		a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington		Length of stay in 1b 12 hrs.		c. CITY OR TOWN St. Clair	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. 2	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First Middle Last Infant Brown		Month Day Year Dec. 29, 1962		Male	
6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/28/62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -		9. AGE (last birthday) 12	
11a. FATHER'S NAME Kenneth Brown		11b. MOTHER'S MAIDEN NAME Judy Wall		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Kenneth Brown		13b. MOTHER'S MAIDEN NAME Judy Wall		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Kenneth Brown, St. Clair, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) CONGENITAL ATROPHOSIS		INTERVAL BETWEEN ONSET AND DEATH HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) PREMORTALITY			
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 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 BIRTH to DEATH and last saw him alive on 12-28-62		Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John F. Pearl MD (Degree or title)		22b. ADDRESS St Clair, Mo.		22c. DATE SIGNED 12-29-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/30/62		23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	
23d. LOCATION (City, town, or county) St. Clair, Mo.		23e. LOCATION (State) Mo.		24. FUNERAL DIRECTOR Casey-Lenox, St. Clair, Mo.	
25. DATE RECD. BY LOCAL REG. 12/29/62		26. REGISTRAR'S SIGNATURE Lula S. Huffman			

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 B. M. L. [Signature]

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.