

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047582

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 167

FILED DEC 26 1962

VS 300
Rev. 4/59

10570
20920

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4 0
5 1
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7 0
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9 163X
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12 1-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Lincoln, County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy, Mo</u>		Length of stay in 1b	c. CITY OR TOWN <u>O'Fallon, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Mem.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>box 302 R.R.1</u>
3. NAME OF DECEASED (Type or print) First <u>Leo</u> Middle <u>Frank</u> Last <u>Fierling</u>		4. DATE OF DEATH Month <u>12</u> Day <u>21</u> Year <u>62</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1895</u>
9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Cutter</u>	11. BIRTHPLACE (City and state or country) <u>O'Fallon, Missouri-</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Fierling</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Sattler</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia Stuckey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT Address <u>Mrs. Amelia Fierling- O'Fallon, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>LEFT PULMONARY CARCINOMA WITH CEREBRAL METASTASIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS 3 MOS.</u>
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.) <u>NONE</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <u>NONE</u>		
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>Nov. 17, 1962</u> to <u>DEC 21, 1962</u> and last saw him alive on <u>DEC. 20, 1962</u> Death occurred at <u>7:25 AM 12-21-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert G. Bwalu</u> (Degree or title)		22b. ADDRESS <u>TROY, MISSOURI</u>	22c. DATE SIGNED <u>12/22/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-24-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cemetery</u>	23d. LOCATION (City, town, or county) <u>O'Fallon, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Jerry A. Davis</u> ADDRESS <u>O'Fallon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-22-62</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 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 Jerry A. Davis
Licensed Embalmer No. 2739
P. O. Address Oxford, 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.