

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-048867
STATE FILE NUMBER
62-048867

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12420**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 2 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY			
VS 300 Rev. 4/59		St. Louis			Missouri		Missouri			
1	c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	Homer G. Phillips		Yes <input type="checkbox"/> No <input type="checkbox"/>		1286 Hodiadmont		Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH Month Day Year			
4	Miriam					Wiggins	12 22 62			
5	5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)		IF UNDER 1 YEAR Months Days Hours Min.			
6	Fem.	Negro		27 Aug 97	65					
7	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY			
8	Retired Pension		Retired Pension		Martin Tenn		U. S. A.			
9	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE					
10	John Rogers		Hassie ?		Dead					
11	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Address					
12					Mrs Janiece Euell 1286 Hodiadmont					
13	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (a)							Undet.		
	Respiratory Arrest									
	DUE TO (b)									
	Recurrent Cerebrovascular Accident									
	DUE TO (c)									
	Generalized Arteriosclerosis									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					331x		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 12-2-62		to 12-22-62		and last saw her alive on 12-22-62		Death occurred at 9:00 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
	22a. SIGNATURE <i>[Signature]</i>			(Degree or title)		22b. ADDRESS 2601 N. Whittier		22c. DATE SIGNED 12-24-62		
	23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
	Train		12/27/62		Martin Cemetery		Martin Tenn			
	24. FUNERAL DIRECTOR Herman J. Smith 247 W Labadie				25. DATE RECD. BY LOCAL REG. DEC 26 1962		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1
2 205
3
4 3
5 2
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7 1
8 2
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12 1277-0
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77

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

Arthur L. Halliday

Licensed Embalmer No. 4221

P. O. Address 7100 Coates Ave

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.