

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008348

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1791

FILED FEB 28 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in lb <u>2 wks.</u>	c. CITY OR TOWN <u>Cadet</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>St. 1</u>
3. NAME OF DECEASED (Type or print) First <u>Ervin</u> Middle <u>Joseph</u> Last <u>Bone</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>4-29-1934</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Lead</u>	11. BIRTHPLACE (City and state or country) <u>Cadet, Missouri</u>
13a. FATHER'S NAME <u>Raymond Bone</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Trokey</u>	14. NAME OF HUSBAND OR WIFE <u>Aurelia Bone</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>no</u> )		16. SOCIAL SECURITY NO. <u>2</u>	17. INFORMANT Address <u>Alma Bone Cadet, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral Urdrosclerosis</u> DUE TO (b) <u>Uremia Pulmonary edema</u> DUE TO (c) <u>Convulsions, Cerebral edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiomegaly Uremic Pneumonitis</u>			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 checked="" 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 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 <u>Feb 1, 1963</u> and last saw her alive on <u>2/17/63</u> . Death occurred at <u>Lutheran Hosp</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harb G. Zupale M.D.</u>		22b. ADDRESS <u>6500 Chippewa St.</u>	22c. DATE SIGNED <u>2/18/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joachins</u>	23d. LOCATION (City, town, or county) (State) <u>Old Mines, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Donald Sparks Potosi, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 19 1963</u>	26. REGISTRAR'S SIGNATURE <u>Lead Smith M.D.</u>

FEB 28 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 *Donald Sparks*

Licensed Embalmer No. 4819

P. O. Address Katona, 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.