

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009738

STATE FILE NUMBER

Registration District No. 546 Registrar's No. 459

FILED MAR 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 400X

2 81202

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Macoupin</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Overland</u>		Length of stay in 'b' <u>1 yr.</u>	c. CITY OR TOWN <u>Gillespie</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8878 Olden Ave.,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>477 W. Chestnut St.</u>		
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Robertson</u> Last <u>Clark</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>10</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>8-19-1883</u>	9. AGE (last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Road Maintenance</u>	11. BIRTHPLACE (City and state or country) <u>Gillespie, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mark Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Boasinger</u>		14. NAME OF HUSBAND OR WIFE <u>Rachel (dcd.)</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> <u>None</u>			16. SOCIAL SECURITY NO. <u>07</u>	17. INFORMANT <u>Mrs. Louise McKinney-8878 Olden Ave.,</u> Address <u>Overland 74, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY...)					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>					<u>Few minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>					<u>years</u>
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.)		
20c. TIME OF INJURY Hour <u> </u> a.m. / p.m. Month, Day, Year <u> </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>June 25 1962</u> to <u>Feb 4, 1963</u> and last saw him alive on <u>Feb 4, 1963</u> Death occurred at <u>Feb 10, 1963</u> <u>11 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Miles C. Whitmer MD</u>			22b. ADDRESS <u>8923 Midland St. Louis 14</u>		22c. DATE SIGNED <u>Feb 11, 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Auto</u>	23b. DATE <u>2-13-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gillespie Cemetery</u>		23d. LOCATION (City, town, or county) <u>Gillespie, Illinois</u>	
24. FUNERAL DIRECTOR <u>Wiese-Heberstreit Funeral Home</u> <u>Gillespie, Illinois</u>			25. DATE RECD. BY LOCAL REG. <u>2-11-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Mumfley MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed, Student Embalmer No.
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustave P. Barman

Licensed Embalmer No. 2315

P. O. Address Overland, 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.