

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 283

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>8 months</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Bonne Terre Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>18 East School St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Georgia</u> Middle <u>Bell</u> Last <u>Torrance</u>		4. DATE OF DEATH Month <u>June</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8/6/1924</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Floral Arranger.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Florist Shop</u>	9. AGE (last birthday) <u>38</u>
11. BIRTHPLACE (City and state or country) <u>Potosi, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elza Torrance</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Reando</u>	
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) <u>no</u>	
16. SOCIAL SECURITY NO. -----		17. INFORMANT <u>Albertine Lange, Bonne Terre, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIO-SCLEROTIC CORONARY ARTERY DISEASE</u>			<u>UNKNOWN</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) <u>VASCULAR CONGESTION, LUNGS + ABDOMINAL VISCERA</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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>8:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ted Boyer Coroner</u>		22b. ADDRESS <u>Bonne Terre, Mo</u>	
22c. DATE SIGNED <u>7-3-63</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/27/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	23d. LOCATION (City, town, or county) <u>Potosi, Missouri</u>
24. FUNERAL DIRECTOR <u>Dale Sparks Bonne Terre, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 3, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

10941

20941

3

4

5

6

7

8

9420.1

10

11

1292-3

13 1.0

USE BLACK INK OR TYPEWRITER RIBBON

102750-202

JUL 11 1963

AUG 20 1963

0041
0041

1

0

1-23

2-29

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 *Ernest Sparks*

Licensed Embalmer No. 4287

P. O. Address Bonne Terre 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.

CONTING