# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-026155

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6975 STATE FILE NUMBER

FILED JUL 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 1026 Goodfellow — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JoAnna Middle Last Mallett

4. DATE OF DEATH Month 7 Day 2 Year 63

5. SEX Fem.

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH 8-6-1914

9. AGE (last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Pvt Family

11. BIRTHPLACE (City and state or country) Gilmore Texas

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Joe Hagler

13b. MOTHER'S MAIDEN NAME JoAnna Allen

14. NAME OF HUSBAND OR WIFE Willie Mallett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi No

16. SOCIAL SECURITY NO.

17. INFORMANT Faye MacHealler Address 117 So. Roberts Gilmore Texas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thyroid (Toxic) Crisis — INTERVAL BETWEEN ONSET AND DEATH Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Thyroid Disease

DUE TO (c) 2520

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. ☐ Yes ☐ No ☒ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5 P.M

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-1-63, to 7-2-63 and last saw her alive on 7-2-63

Death occurred at 7:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Merle B. Hereford M.D.

22b. ADDRESS 2601 N. Whittier

22c. DATE SIGNED 7-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-8-63

23c. NAME OF CEMETERY OR CREMATORY Somerfield Cemetery

23d. LOCATION (City, town, or county) Gilmore (State) Texas

24. FUNERAL DIRECTOR J. McClendon ADDRESS 4535 Washington

25. DATE RECD. BY LOCAL REG. JUL 5 1963

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Jefferson M. Clendon

Licensed Embalmer No. 5072

P. O. Address 4535 Washington

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.