

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030371

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7355

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	SHOULD READ	ITEM NO.				
11						
12						
13						

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Salem	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glennon Memorial Hospital		d. STREET ADDRESS (If outside, give location) Route 3	
3. NAME OF DECEASED (Type or print) First Beverly Middle Sue Last Patton		4. DATE OF DEATH Month July Day 14 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/1/1953
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	
11a. FATHER'S NAME Perry Patton		11b. MOTHER'S MAIDEN NAME Virginia Plank	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. None	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Laceration of Brain with Hemorrhage;		13b. NAME OF HUSBAND OR WIFE None	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) home at Salem, Missouri on 7/13/63 Accident		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
14. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	15. ACCIDENT SUICIDE HOMICIDE A ☐ ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) (See above) 9/9.0-19	
20c. TIME OF INJURY Hour 7-13-63 a.m. p.m.	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.) Home		20f. CITY, TOWN, OR LOCATION Salem, Missouri	
21. I attended the deceased from 10:40 P.M. to 10:40 P.M. and last saw her alive on 7-16-63 Death occurred at 10:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner		22b. ADDRESS 1300 Clark Ave.	
22c. DATE SIGNED 7-16-63		22d. LOCATION (City, town, or county) (State) Dent Co., Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-15-63	23c. NAME OF CEMETERY OR CREMATORY Stoney Hill Cemetery	23d. LOCATION (City, town, or county) (State) Dent Co., Mo.
24. FUNERAL DIRECTOR Warfel Funeral Home, Salem, Mo.		25. DATE RECD. BY LOCAL REG. JUL 16 1963	
26. REGISTRAR'S SIGNATURE Road Smith M.D.			

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

Licensed Embalmer No. 2453

P. O. Address St. Louis 8 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.

ll