

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031116

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. 1241

Registrar's No. 61

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF
1 1100					
2 1100					
3					
4 0					
5 3					
6					
7 1					
8 0					
9 199.2					
10					
11					
12 90-2					
13 1-11					

1. DATE OF BIRTH a. COUNTY Washington b. CITY (If outside corporate limits, give TOWNSHIP only) Breton c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Pt. Route 1, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Washington c. CITY OR TOWN Mineral Pt. Route 1, Mo. Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location) Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Isaac Middle N. Last Hill		4. DATE OF DEATH Month August Day 1 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12-4-1885
9. AGE (last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	
11. BIRTHPLACE (City and state or country) Mt. Vernon, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
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) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Glen Hill 1058 Briarbrae, St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Prostate Bladder & Rectum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) age PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept 24 1962 to Aug 1 1963 and last saw him alive on May 31 1963 Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ju Zupando (Degree or title)		22b. ADDRESS Flat River, Mo.	
22c. DATE SIGNED 8/3/63 (State)		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-3-63	
23c. NAME OF CEMETERY OR CREMATORY New Diggings		23d. LOCATION (City, town, or county) Mineral Point, Rt. 1, Mo.	
24. FUNERAL DIRECTOR Donald Sparks ADDRESS Potosi, Mo.		25. DATE RECD. BY LOCAL REG 8/5/63	
26. REGISTRAR'S SIGNATURE Arbuthnot			

AUG 8 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 Ronald Sparkes

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.