

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-031536**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered on **AUG 28 1963** Primary Registration District No. **3008** Registrar's No. **240**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 **0147**

2 **0920**

3 **1**

4 **1**

5 **2**

6

7 **1**

8 **2**

9 **9491X**

10

11 **1293-2**

12 **13-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Fulton</b>		Length of stay in 1b <b>2 months</b>	c. CITY OR TOWN <b>Wentzville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 1</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. 1, Box 241</b>
3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle Last <b>Richardson</b>		4. DATE OF DEATH Month <b>August</b> Day <b>11</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-13-1889</b>
9. AGE (last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Nebraska</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Samuel Neher</b>	
13b. MOTHER'S MAIDEN NAME <b>Alice Trump</b>		14. NAME OF HUSBAND OR WIFE <b>unk</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[redacted]</b>	
17. INFORMANT <b>State Hospital No. 1, Fulton, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> DUE TO (b) <b>broncho pneumonia</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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. X attended the deceased from <b>State Hospital No. 1</b> <b>6-4-1963</b> to <b>8/11/63</b>		Death occurred at <b>8/11/63 11:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Henry Stambaugh D.O.</b>		22b. ADDRESS <b>Fulton, Missouri</b>	
22c. DATE SIGNED <b>8/11/63</b>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/14/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>	23d. LOCATION (City, town, or county) <b>St. Louis Co. Missouri</b>
24. FUNERAL DIRECTOR <b>T. E. Pitman Funeral Home</b> <b>909 Pitman Ave. Wentzville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 12-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>			

AUG 26-1963

AUG 28 1963

01-1  
02-0  
1 3  
1 25  
55-20

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 *Carleton J. Pitman*

Licensed Embalmer No. 4974

P. O. Address *Westville*

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.