

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041290

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10530** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

1

2 **2249**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DAVIS
USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH 31 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Mo.	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1.		d. STREET ADDRESS 3304 Missouri	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Nell	Middle Joe	Last Carter	Month 10 Day 21 Year 63
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-1-1925
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (last birthday) 38
13a. FATHER'S NAME Walter Crowe		13b. MOTHER'S MAIDEN NAME Rose Leo Joyner	11. BIRTHPLACE (City and state or country) Jackson, Tennessee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY U.S.A.	
17. INFORMANT Frank Carter		14. NAME OF HUSBAND OR WIFE Frank	
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		1-2 mos	
IMMEDIATE CAUSE (a) Respiratory arrest		4 mos	
DUE TO (b) Severe debility		6 mos	
DUE TO (c) Diffuse cerebral sclerosis			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 345X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour <input type="checkbox"/> 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.) 9/30/63	
20f. CITY, TOWN, OR LOCATION		COUNTY	
21. I attended the deceased from 5:00 PM to 10 21 63 and last saw her alive on 10 21 63		Death occurred at 5:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Doctor or title)		22b. ADDRESS 1515 Lafayette Ave.	
22c. DATE SIGNED 10 21 63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-23-63	
23c. NAME OF CEMETERY OR CREMATORY Humbolt Cemetery		23d. LOCATION (City, town, or county) (State) Humbolt, Tennessee	
24. FUNERAL DIRECTOR McLaughlin ADDRESS 2301 Lafayette Ave.		25. DATE RECD. BY LOCAL REG. OCT 23 1963	
		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

No.

St. Louis

St. Louis, Mo.

3304 Missouri

St. Louis Day Hosp. W.I.

83

TO

Frank Carter

Joe

White

8-1-1922

x

Female

U.S.A.

Jackson, Tennessee

At Home

Homeville

Frank

Rose Lee Gagner

Walter Crowe

3304 Missouri Ave.

Frank Carter

Unknown

no

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 A. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.

Humphreys, Tennessee

Humphreys Cemetery

10-23-23

Removal

3301 Lafayette Ave.

Humphreys