

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042032

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District **1003** Registrar's No. **10323** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Sangamon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 510 West Vine St.	

3. NAME OF DECEASED (Type or print) WILLIAM E. SHEETS			4. DATE OF DEATH Month 10 Day 15 Year 63		
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5. SEX Male	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 3/3/1892	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Western Union	11. BIRTHPLACE (City and state or country) Ripley Co., Indiana	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Robert B. Sheets	13b. MOTHER'S MAIDEN NAME Alfretta Countley	14. NAME OF HUSBAND OR WIFE Agnes Sheets
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Agnes Sheets, Springfield, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM		INTERVAL BETWEEN ONSET AND DEATH MINUTES 5or6 yrs.
DUE TO (b) ARTERIOSCLEROTIC OCCLUSIVE DISEASE		
DUE TO (c) 450.0		

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	
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	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
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21. I attended the deceased from Oct. 9, 1963 to Oct. 15, 1963 and last saw her alive on Oct. 15, 1963

Death occurred at **7:05 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. D. Vermillion, M.D.</i> (Degree or title)	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10-15-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-18-63	23c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Ill.
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24. FUNERAL DIRECTOR Bisch Funeral Home, Springfield, Ill. ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 16 1963	REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>
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VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1
2 **8/27/63**
3
4 **0**
5 **1**
6
7 **1**
8 **2**
9
10
11
12 **1252.0**
13

52

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 Stanley H. Lujan

Licensed Embalmer No. 4193

P. O. Address S. L.

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.