

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042351

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3071

FILED OCT 30 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4003

2 4028

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kinloch CLAYTON</u>		c. CITY OR TOWN <u>Kinloch</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. County Hosp. St. Louis Mo</u>		d. STREET ADDRESS (If outside, give location) <u>5653 Carson Road</u>	
3. NAME OF DECEASED (Type or print) First <u>R.</u> Middle <u>C</u> Last <u>McCaskill</u>		4. DATE OF DEATH Month <u>9</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/2/33</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Mc Caskill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>Dorothy Mc Caskill 5653 Carson Road</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound of chest</u>			INTERVAL BETWEEN ONSET AND DEATH
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)			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Justifiable Gunshot wound of chest at hands of another person</u>	
20c. TIME OF INJURY <u>6:15 p.m.</u> Month, Day, Year <u>9/26/63</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Kinloch St. Louis Missouri</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public street</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond H. Harris</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Clayton, Missouri</u>	
22c. DATE SIGNED <u>10/12/63</u>		23. LOCATION (City, town, or county) (State) <u>St. Louis County</u>	
23a. BURIAL, CREMATION, or other DATE OF REMOVAL (Specify) <u>Burial 10/1/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24. FUNERAL DIRECTOR <u>Harris-Boyd</u> ADDRESS <u>3706 Finley</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-63</u>	
		26. REGISTRAR'S SIGNATURE <u>John B. Mumfley M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

1000-000

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

Henry C. Williams

Licensed Embalmer No.

4781

P. O. Address

1205 Waller

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.