MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 179 STATE FILE NUMBER 63-048485

FILED DEC 31 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P. P. G. CO. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JEFF.
c. CITY OR TOWN CRYSTAL CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 612 HIGH STREET (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WIELIAM Middle R. Last CARR
4. DATE OF DEATH Month DECEMBER Day 20, Year 1963
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-15-1908
9. AGE (last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASSWORKER
10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.
11. BIRTHPLACE (City and state or country) POSEY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME UNKNOWN CARR
13b. MOTHER'S MAIDEN NAME OLLIE THOMPSON
14. NAME OF HUSBAND OR WIFE JEWEEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates)
16. SOCIAL SECURITY NO. 724
17. INFORMANT MRS. W.R. CARR Address CRYSTAL CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Infarction old — 6 years
DUE TO (c) Bronchitis Chronic — unk
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. ☐ 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 May 20-57, to 10-26-63 and last saw her him alive on 10-26-63
Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry Yoskel M.D. (Degree or title)
22b. ADDRESS Fulton Mo
22c. DATE SIGNED 11/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-23-63
23c. NAME OF CEMETERY OR CREMATORY ROSELAWN MEMORIAL
23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE ADDRESS CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG. 12-23-63
26. REGISTRAR'S SIGNATURE Jim A. Taylor

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1964

0-1P

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 Gentry R. Rollins

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.