

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048936

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 7 1964

1. PLACE OF DEATH

a. COUNTY

PERRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN PERRYVILLE, MO

Length of stay in 1b

7 WEEKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

PERRY COUNTY MEMORIAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

STE. GENEVIEVE

c. CITY
OR TOWN

STE. GENEVIEVE

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

R.F.D. No. 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

WILBERT

Middle

CHARLES

Last

VIOX

4. DATE
OF DEATH

Month

DECEMBER

Day

25

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-5-1917

9. AGE (last birthday)

46

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

STE. GENEVIEVE, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES F. VIOX

13b. MOTHER'S MAIDEN NAME

MARY EHLE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

725-05-1426

17. INFORMANT

CHARLES VIOX

Address

R.F.D. No. 1 STE. GEN. MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of lung

INTERVAL BETWEEN
ONSET AND DEATH

6 mo

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

none

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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.

Month, Day, Year

p.m.

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

Death occurred at

Sept 15, 1963 Dec 26, 1963
6:30 AM saw him alive on Dec 14, 1963

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph F. Cannon, M.D.

22b. ADDRESS

Ste. Genevieve, Mo

22c. DATE SIGNED

Dec 26, 1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

12-27-63

23c. NAME OF CEMETERY OR CREMATORY

CALVARY

23d. LOCATION (City, town, or county)

STE. GENEVIEVE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

JEROME H. STANTON STE. GENEVIEVE, MO

25. DATE RECD. BY LOCAL REG.

12-27-63

26. REGISTRAR'S SIGNATURE

Joe J. Zoellner

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10795

20950

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1961 8 NVT

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 James B. Sweeney

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.