

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050447

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 59

STATE FILE NUMBER

FILED DEC 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE		Length of stay in 1b LIFE	c. CITY OR TOWN STE. GENEVIEVE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) STE. GENEVIEVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ANTHONY Middle WAYNE Last CARNEY			4. DATE OF DEATH Month DECEMBER Day 21 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-27-1940	9. AGE (last birthday) 23	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME ANTHONY CARNEY		13b. MOTHER'S MAIDEN NAME SUSIE PAPIN		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. [REDACTED]		17. INFORMANT ANTHONY CARENY, STE. GENEVIEVE, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Labor Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
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
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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. _____ 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Dec 18, 1963 to Dec 21, 1963 and last saw ^{her}him alive on Dec 18, 1963
Death occurred at 3:00 A.M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Rob. Lanning M.D.</i> (Degree or title)	22b. ADDRESS <i>Ste. Genevieve Mo.</i>	22c. DATE SIGNED <u>12/21/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <u>12-23-1963</u>	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) STE. GENEVIEVE, Mo.
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24. FUNERAL DIRECTOR JEROME H. STANTON, STE. GENEVIEVE, MO.	25. DATE RECD. BY LOCAL REG. <u>22 December 1963</u>	26. REGISTRAR'S SIGNATURE <i>George L. Wood</i>
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(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1963

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 L. Santa

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.