

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68 0004015

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310

Primary Registration District No. 6050

Registrar's No. 48

DO NOT WRITE
ON THIS STUD

AMENDED

FILED FEB 13 1968

1. PLACE OF DEATH

a. COUNTY

Saint Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rural- Portage twsp.

Length of stay in 1b

unknown

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Highway # 67

Inside Limits

Yes ☐ No ☒

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

a. STATE

unknown

COUNTY unknown

Inside Limits

Yes ☐ No ☒

c. CITY
OR TOWN unknown

d. STREET
ADDRESS

(If outside, give location)

unknown

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
unidentified

4. DATE

Month Day Year
Found 2/1/68

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

unknown

9. AGE (last birthday)

unknown

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

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)

unknown

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

none

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.

none

17. INFORMANT

Address

Frank R. Amalong, St. Charles, 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)

unknown

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

open

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Subject found in suitcase in one foot

20c. TIME OF INJURY
Hour a.m. m.

Month, Day, Year

of water in slough off # 67 south of Lewsi & Clark Bridge.

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.)

unknown

20f. CITY, TOWN, OR LOCATION

unknown

COUNTY

STATE

21. I attended the deceased from _____ to 2/1/68 and last saw her alive on _____.
Death occurred at found at 9:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Mo.

12 Cunningham Ct., St. Charles, Mo.

22c. DATE SIGNED

2/6/68

23a. BURIAL, CREMATION; REMOVAL (Specify)

Burial

23b. DATE

2/7/68

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

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

Saint Charles, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

A. C. Baue Funeral Home, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 7, 1968

26. REGISTRAR'S SIGNATURE

Ly Leticia C. Oulklans - Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 4832

P. O. Address St Charles, 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.