

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1077748190 STATE FILE NUMBER 0046190

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AMENDED

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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 <b>St. Louis, Missouri.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri.</b>		c. CITY OR TOWN <b>Farmington</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Route No. 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Marion</b> Middle <b>William</b> Last <b>Hill</b>		4. DATE OF DEATH Month <b>November</b> Day <b>15</b> Year <b>1964</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/18/1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>St. Francois County, Mo.</b>
13a. FATHER'S NAME <b>Allen Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Jetrude Manning</b>	14. NAME OF HUSBAND OR WIFE <b>Unavailable</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Norma Burnette, Farmington, Missouri.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia bilateral</b> DUE TO (b) <b>Malnutrition</b> DUE TO (c) <b>Chronic Renal disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>2 mo</b> <b>undetermined</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rheumatoid Arthritis Gastric ulcer</b>			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 type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>592X</b>	
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
21. I attended the deceased from <b>Nov 1, 1964</b> to <b>time of death</b> and last saw him alive on <b>Nov 15, 1964</b> Death occurred at <b>Nov 15, 1964 8:30 P m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Geo Arthur Carder M.D</b>		22b. ADDRESS <b>St Luke Hospital St Louis</b>	22c. DATE SIGNED <b>Nov 16, 1964</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11/18/64</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K-P Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.,</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 18 1964</b>	26. REGISTRAR'S SIGNATURE <b>Road Smith, M.D.</b>

