

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0008075

Registration District No. **318**

035465 XC - UNIFORM 1003

Registrar's No. **1679**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 **0810**

3

4 **0**

5 **0**

6

7 **0**

8 **1**

9

10

11

12 **83-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

83

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY ST. LOUIS				a. STATE MISSOURI b. COUNTY PHELPS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 6 DAYS		c. CITY OR TOWN ST. JAMES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS (915 N. GRAND)			Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH	
HENRY M. GORMAN						2/15/65	
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 12/22/09	
9. AGE (last birthday) 55 YEARS		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) ST. JAMES, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE SINGLE	
13a. FATHER'S NAME ED. GORMAN			13b. MOTHER'S MAIDEN NAME MARY STOTLER			17. INFORMANT Address MARY GORMAN (MOTHER) SEE #2	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II				16. SOCIAL SECURITY NO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) CARDIAC ARREST				INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (b) ATRIAL FIBRILLATION WITH RAPID VENTRICULUR RESPRITION							
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	
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.) 4331			
20c. TIME OF INJURY Hour a.m. p.m.		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. <input checked="" type="checkbox"/> attended the deceased from 2/9/65 to 2/15/65 and last saw him alive on 2/15/65		Death occurred at 8:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Raymond B. Tompkins</i>				22b. ADDRESS M.D. VAH, ST. LOUIS, MO.		22c. DATE SIGNED 2/15/65	
23a. BURIAL, CREMATION, or ANATOMICAL REMOVAL (Specify) Removal			23b. NAME OF CEMETERY OR CREMATORY 2-16-65			23d. LOCATION (City, town, or county) (State) St. James, Mo.	
24. FUNERAL DIRECTOR ADDRESS Lickliders Funeral Home, St. James, Mo.				25. DATE RECD. BY LOCAL REG. FEB 16 1965		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

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

Edouard A. Remelius

Licensed Embalmer No.

42,83

P. O. Address

St. Louis, 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.