MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0039362 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10129

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 4043 DATE AMENDED
3
4 1
5 2
6
7 0
8 2
9
10
11
12 80-0
13

80

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF | DOCUMENT

FILED OCT 14 1966

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 4 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis State Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Wellston
Inside Limits: Yes [ ] No [XX]
d. STREET ADDRESS (If outside, give location): 6455 Wells Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First DELLIA Middle C. Last SPOON

4. DATE OF DEATH: Month Oct. Day 4, Year 1966

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 7-16-85
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months 2 Days 18 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frank Aubuchon
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Esco

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.: -
17. INFORMANT Address: Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease,
DUE TO (c): 4200
INTERVAL BETWEEN ONSET AND DEATH

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 [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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. p.m. Month, Day, Year
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 May 31, 1962, to Oct. 4, 1966 and last saw her/him alive on Oct. 4, 1966
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Luis M. Rodriguez for M.D.
22b. ADDRESS: 5400 Arsenal St.
22c. DATE SIGNED: 10-4-66

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/6/1966
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (City, town, or county) (State): Farmington, Mo

24. FUNERAL DIRECTOR ADDRESS: Murphy L. Sparks Flat River, Mo
25. DATE RECD. BY LOCAL REG.: OCT 6 1966
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Murphy L Sparks

Licensed Embalmer No. 4336

P. O. Address Hartman, Ohio

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.