

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016950

STATE FILE NUMBER

DO NOT WRITE ON THIS STUDY

AMENDED

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 4342

4342

VS 300
Rev. 4/59

1
2 22

4 1
5 3

7 0
8 1

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11
12 2-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION DDA CITY HOSP #1 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY St. Louis c. CITY OR TOWN ST. LOUIS Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 203 Rear S. BROADWAY Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE Widg. 4. DATE OF DEATH Found Dead APR 22 1962

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-3-14 9. AGE (last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Marion, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN JORDAN 13b. MOTHER'S MAIDEN NAME MARY WILLIAMS 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. 494-24-8265 17. INFORMANT Harvey K. King Poplar Bluff, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) _____
DUE TO (b) Cirrhosis of the Liver
DUE TO (c) MYO CARDIAL FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0 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 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour Month, Day, Year _____ a.m. _____ p.m.

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 _____ to _____ and last saw her/him alive on _____. Death occurred at 6:23 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph D. Quinn Deputy 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 4-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-27-62 23c. NAME OF CEMETERY OR CREMATORY BOLLINGER CO. MEM. Lutesville, MO 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS Wolfe Funeral Home 25. DATE RECD. BY LOCAL REG. APR 26 1962 26. REGISTRAR'S SIGNATURE Paul Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON



JUN 20 1962
JUL 10 1962
JUL 13 1962

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 *Jenneth Lily*

Licensed Embalmer No. 5086

P. O. Address Luttenville, 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.