

FILED JUN 16 1953

STANDARD CERTIFICATE OF DEATH

State File No. **23743**

|   |   |  |  |  |
|---|---|--|--|--|
| BIRTH NO.   |   | REG. DIST. NO. <b>378</b>  | PRIMARY REG. DIST. NO. <b>4552</b>   | Registrar's No. <b>32</b>  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Wright</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Douglas</b>  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Mountain View</b>  | c. LENGTH OF STAY (in this place)<br><b>1 WK.</b>   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Buckner 340</b>   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Banner Memorial Hospital</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>1</b>  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Mary</b>  |   | b. (Middle) <b>Emeline</b>   | c. (Last) <b>Pamperien</b>   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>May 30 1953</b>  |   |  |  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Oct. 15, 1870</b>                                     | 9. AGE (in years last birthday)<br><b>82</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housewife</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Unionville, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>Charles Kelley</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Melvinia Niday</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Herman H.D. Pamperien</b>                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><b>Dorothy L. Schmann Buckner Mo.</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                         |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephritis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cardio Renal syndrome</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS.<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>11 1/2 hours</b>                                |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION<br><b>442X</b>   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)          | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?   |  |  |
| 22. I hereby certify that I attended the deceased from <b>5-10</b> , 1953, to <b>5-30</b> , 1953, that I last saw the deceased alive on <b>5-30</b> , 1953, and that death occurred at <b>10:00 A</b> m., from the causes and on the date stated above. |   |  |  |  |
| 23a. SIGNATURE<br><b>[Signature]</b>  |   | (Degree or title)  | 23b. ADDRESS<br><b>M.D. C. [Address]</b>                                     | 23c. DATE SIGNED<br><b>5-30-53</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>6-1-53</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Patrick Cemetery</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>Ava. Mo.</b>             |  |
| DATE REC'D BY LOCAL REG.<br><b>6-5-53</b>   | REGISTRAR'S SIGNATURE<br><b>A. B. Ames</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS<br><b>348-C C.V. Clinkingbeard Ava, Mo.</b>   |  |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 9 1953  
WRIGHT CO. HEALTH DEPT.  
County File Number 653-84  
Date Filed 6-15-53

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 .....  
Student Embalmer

Signed *Lyle S. Clinkingbeard*

Licensed Embalmer No. 4830

P. O. Address *None*

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 this body is not embalmed, fact should be so stated above.