

Health,  
& Welfare  
Public  
Service  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027887

STATE FILE NUMBER

Registration District No. <u>326</u>		Primary Registration District No. <u>4483</u>		Registrar's No. <u>176</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rutledge</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rutledge</u>	0990	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>D.</u> Last <u>McPherson</u>			4. DATE OF DEATH Month <u>July</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>M</u> <u>C</u> <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 6, 1886</u>	9. AGE (In years last <u>72</u> day)	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Scotland Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Stephen McPherson</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Essie McPherson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4-30-111-0000</u>	17. INFORMANT Address <u>Mrs. Essie McPherson, Rutledge, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sepsis and Terminal Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>					
DUE TO (c) <u>Arteriosclerosis</u>					<u>443 X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinsonism</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour <u>10:30</u> Month <u>AM</u> Day <u>AM</u> Year <u>AM</u>					
20d. INJURY OCCURRED WHILE AT <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 <u>February 4, 1957</u> to <u>XX July 3, 1958</u> last saw her alive on <u>July 3, 1958</u> Death occurred at <u>10:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE <u>Harold D.O.</u>		21b. ADDRESS <u>Edina, Mo.</u>		22c. DATE SIGNED <u>7/30/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 22, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Scotland Co., Missouri</u>	
24. FUNERAL DIRECTOR <u>Bethel Baskett</u>		ADDRESS <u>Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>7-31-58</u>	26. REGISTRAR'S SIGNATURE <u>Vera G. Purmer</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 George Gertth  
Signature of Student Embalmer

Signed Albert C Gultth

Licensed Embalmer No. 4257

P. O. Address Memphis

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.