

**FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS MAR 28 1960**

**60-011904**

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Parma Como</b>		Length of stay in 1b <b>Years</b>	c. CITY OR TOWN <b>Parma</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kt. 2</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Kt. 2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Jasper</b> Middle <b>Newman "Dook"</b> Last <b>Pemberton</b>			4. DATE OF DEATH Month <b>March</b> Day <b>5</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-23-1899</b>	9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Glen Merry, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gatewood Pemberton</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Davis</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Pemberton</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Margaret Pemberton</b>	Address <b>Kt. 2, Parma, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion - Myoc. Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30'</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 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.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	

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 <b>Malden, Mo.</b>	COUNTY <b>Malden</b>	STATE <b>Mo.</b>
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21. I attended the deceased from 12-26-1955 to 3-2-60 and last saw <sup>her</sup> <sub>him</sub> alive on 3-2-60  
 Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Margaret Pemberton M.D.</i>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Malden, Mo.</b>	22c. DATE SIGNED <b>3/7/60</b> (State)
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial &amp; Removal</b>	23b. DATE <b>3260</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Private Family Cemetery</b>	23d. LOCATION (City, town, or county) <b>Glen Merry, Tenn.</b>
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24. FUNERAL DIRECTOR <b>Duffie-Hainey Funeral Home</b>	ADDRESS <b>Bernie, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3/9/60</b>	26. REGISTRAR'S SIGNATURE <i>H. Scott Hunter, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 29 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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Raymond L. Duff

Licensed Embalmer No. 4790

P. O. Address Berne, N.Y.

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.