

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006142

AMENDED

FILED VS MAR 7 1961 No. 29812 Primary Registration District No. Registrar's No. 28 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hope		Length of stay in 1b 15 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hope, Mo.		d. STREET ADDRESS (If outside, give location) Pleasant Hope, Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last LINNIE MAY POMEROY		4. DATE OF DEATH Month Day Year Feb. 25, 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 86
11a. BIRTHPLACE (City and state or country) Coalville, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John M. Vote		13b. MOTHER'S MAIDEN NAME Eleanas A. Hackett	
14. NAME OF HUSBAND OR WIFE Frank Pomeroy		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. Unknown		17. INFORMANT Clay Pomeroy Address Pleasant Hope, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive heart failure DUE TO (b) Arteosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) Rheumatoid Arthritis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. 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 Morrisville, Mo.		20g. COUNTY STATE	
21. I attended the deceased from March 1958 to Feb. 24, 1961 and last saw her ^{him} alive on Feb. 24, 1961 Death occurred at 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ralph Borden per Jewell		22b. ADDRESS Morrisville, Mo.	
22c. DATE SIGNED 3-1-61		22d. REGISTRAR'S SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/28/61	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
23d. LOCATION (City, town, or county) Springfield, Mo.		23e. STATE	
24. FUNERAL DIRECTOR Ayre-Goodwin		25. DATE RECD. BY LOCAL REG. March 2, 1961	
26. REGISTRAR'S SIGNATURE Ralph Borden per Jewell		26. REGISTRAR'S SIGNATURE Borden	

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 *Paul A. Hunt*

Licensed Embalmer No. 4739

P. O. Address *Spfld. 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.