

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009215  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 379 Primary Registration District No. 4560 Registrar's No. 49

**FILED MAR 5 1962**

VS 300  
Rev. 4/59

DATE AMENDED

1 1140

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>WRIGHT</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MORWOOD</u>                     |  | c. CITY OR TOWN <u>HARTVILLE</u>   |  |
| Length of stay in 1b <u>1 YEAR</u>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MILLARD REST HOME</u> |  | d. STREET ADDRESS (If outside, give location)  |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

|  |                               |  |   |  |   |  |
|--|-------------------------------|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Lucy</u> Middle <u>PRYOR</u> Last <u>PRYOR</u> |                               |  | 4. DATE OF DEATH <u>FEBRUARY 15, 1962</u><br>Month Day Year |  |   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-1-1873</u>                            | 9. AGE (last birthday) <u>89</u>                           | IF UNDER 1 YEAR IF UNDER 24 HR            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)    |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |  |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>M.V. Bain</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>      |  | 17. INFORMANT Address                       |  |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>   |  |  | <u>1 week</u>                    |
| DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u>  |  |  | <u>1 month</u>                   |
| DUE TO (c) <u>Arteriosclerosis</u>  |  |  | <u>Undetermined</u>              |

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| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 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.) |  |
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|--|--|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>Hour: _____ a.m. _____ p.m.<br>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 | COUNTY | STATE |
|--|--|--|------------------------------|--------|-------|

21. I attended the deceased from Nov 20-61 to Feb 15-1962 and last saw her alive on Feb 15-62  
Death occurred at 9:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Richard G. Metadew DO</u> | 22b. ADDRESS<br><u>Mt. View, Mo</u> | 22c. DATE SIGNED<br><u>2/22/62</u> |
|--|-------------------------------------|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>2-17-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Pleasant Hill</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Wright County, MO.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><u>Carlos Blase Hartville, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>2/27/62</u> | 26. REGISTRAR'S SIGNATURE<br><u>Ann Perkins</u> |
|--|--|---|

USE BLACK INK OR TYPEWRITER RIBBON

**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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas 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.