MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-010561
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0.397
2 0.390
3 1
4 1
5 1
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7 0
8 0
9 7954
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11
12 92-5
13

Registration District No. 124 Primary Registration District No. 3000 Registrar's No. 446

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 15 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BURGE HOSP. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN FAIRGROVE — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ROUTE # 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First BETTY Middle LOU Last PRYOR

4. DATE OF DEATH Month MARCH Day 18 Year 1962

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/19/28
9. AGE (last birthday) 33
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) AURORA, MO.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HOMER GIST
13b. MOTHER'S MAIDEN NAME MADALINE KING
14. NAME OF HUSBAND OR WIFE ROBERT PRYOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [redacted]46
17. INFORMANT ROBERT PRYOR Address FAIRGROVE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Presumed to be natural causes — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) UNATTENDED BY A PHYSICIAN

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Mother of deceased(Mrs. Gist) Stated deceased became ill at work and called her as her husband was on his milk route. They took her to hospital but she was DOA.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 —, to —, and last saw her/him alive on —
Death occurred at 8:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Greene County Health Officer, Spfld Mo
22b. ADDRESS
22c. DATE SIGNED 3-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/20/62
23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK
23d. LOCATION (City, town, or county) (State) AURORA, MO.

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME ADDRESS SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG. 3-21-62
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ.	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

G. H. Doubler MD

Permit issued 3-20-65

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 R H L McCan

Licensed Embalmer No. 2727

P. O. Address_____

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.