MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013902
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 4527 Registrar's No. 53

FILED MAR 21 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1080		
2	1080-		
3			
4	1		
5	1		
6			
7	1		
8	2		
9	287X		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bronaugh — Length of stay in Ib: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: none — Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: Cora Middle: Elenor Last: Thompson
4. DATE OF DEATH: Month: March Day: 15 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/20/1895
9. AGE (last birthday): 66 — 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: Own Home
11. BIRTHPLACE (City and state or country): Dodge, Tex.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Lyle Williams
13b. MOTHER'S MAIDEN NAME: Lucy Arnold
14. NAME OF HUSBAND OR WIFE: Ernest Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT: Ernest Thompson Address: Bronaugh Mo.

MEDICAL CERTIFICATION

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 left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial degeneration — 2 week
DUE TO (c): Obesity — year

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.)
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 March 1940 to March 14 1962 and last saw her alive on March 5, 1962
Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray H. Pearce M.D.
22b. ADDRESS: Nevada Mo.
22c. DATE SIGNED: 3/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/18/1962
23c. NAME OF CEMETERY OR CREMATORY: Worsley cemetery
23d. LOCATION (City, town, or county) (State): Barton Co. Missouri

24. FUNERAL DIRECTOR: Beeny ADDRESS: Funeral Home Sheldon, Mo.
25. DATE REC'D BY LOCAL REG.: 3-16-1962
26. REGISTRAR'S SIGNATURE: Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1962

MAY 17 1962

MAY 23 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed S. Bernard Berry

Licensed Embalmer No. 4161

P. O. Address Sheldon 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.