

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019806

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. B052 Registrar's No. 200

STATE FILE NUMBER

FILED MAY 21 1962

VS 300 Rev. 4/59

1 0208  
2 0080

3 2

4 1

5 2

6

7 0

8 2

9 64X

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		Length of stay in 1b <b>3 days</b>	c. CITY OR TOWN <b>Ionia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>streets not numbered</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Sallie</b> Middle <b>Jane</b> Last <b>Argenbright</b>		4. DATE OF DEATH Month <b>May</b> Day <b>18</b> Year <b>1962</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/10/1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	9. AGE (last birthday) <b>88</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <b>Robert Perry Bernethy</b>		11b. MOTHER'S MAIDEN NAME <b>Martha Ward</b>	11. BIRTHPLACE (City and state or country) <b>Ionia, Mo</b>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		12b. SOCIAL SECURITY NO. <b>none</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13. NAME OF DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>		17. INFORMANT <b>Luman Stelljis</b> Address <b>Lincoln, Mo</b>	
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>PULMONARY EMBOLISM</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>THROMBOPHLEBITIS</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"/> N <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
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 COUNTY STATE	
21. I attended the deceased from <b>MAY 1, 1962</b> to <b>MAY 18, 1962</b> and last saw her alive on <b>MAY 18, 1962</b> Death occurred at <b>7 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. E. Anderson D.O.</b>		22b. ADDRESS <b>LINCOLN, MO</b>	22c. DATE SIGNED <b>May 18, 1962</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>May 20, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ionia cemetery</b>	23d. LOCATION (City, town, or county) <b>Ionia Mo</b>
24. FUNERAL DIRECTOR <b>Fred Davis &amp; Son</b> ADDRESS <b>Lincoln</b>		25. DATE RECD. BY LOCAL REG. <b>May 19, 1962</b>	26. REGISTRAR'S SIGNATURE <b>W. Anderson, Deputy</b>

JUN 5 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 Le Roy Davis, Student Embalmer No. 659  
working under my personal supervision.

Student Le Roy Davis  
Signature of Student Embalmer

Signed Gene S. Barton  
Licensed Embalmer No. 4021

P. O. Address Versailles, 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.