

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022568

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 947

<b>FILED JUN 25 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Greene</b>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		a. STATE <b>Missouri</b> COUNTY <b>Greene</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mercy Villa</b>		Length of stay in 1b <b>57 years</b>		c. CITY OR TOWN <b>Springfield</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>2033 N. Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last <b>PEARL ELLEN BURNS</b>			Month Day Year <b>June 16, 1962</b>		
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
<b>Female</b>	<b>White</b>		<b>6/25/1888</b>	<b>73</b>	Months Days Hours Min.
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)	
<b>Homemaker</b>		<b>Home</b>		<b>Wright Co. Missouri U.S.A.</b>	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE
<b>Bert Young</b>			<b>Emily Todd</b>		<b>Charles (Deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT (City and state or country)
<b>No</b>			<b>None</b>		<b>Springfield, Missouri.</b>
			<b>None</b>		<b>W.E. Franklin, 2030 N. Missouri.</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>Pneumonia</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (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)					
<b>Arteriosclerosis, chronic glomerulonephritis, Hypertension</b>					
PART III. If deceased was female was there a pregnancy in last 90 days.					
<input type="checkbox"/> Yes <input 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 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>1950</b> to <b>6-16-62</b> and last saw her alive on <b>5-15-62</b>		Death occurred at <b>3:05</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE		(Degree or title)		22c. DATE SIGNED	
<b>GR Lemmon, MD</b>		<b>Prof Bldg Spfld, Mo</b>		<b>6-18-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<b>Burial</b>		<b>6/19/1962</b>		<b>Mt. Zion, Cemetery</b>	
				23d. LOCATION (City, town, or county) (State)	
				<b>Wright County, Missouri.</b>	
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE		
<b>Ralph Thieme, Springfield, Missouri</b>			<b>6-20-62 Effie S. Meeton</b>		

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY-AFFIDAVIT OF

1/5 300  
 Rev. 4/59  
 1 0397  
 2 0397  
 3  
 4 1  
 5 2  
 6  
 7 0  
 8 2  
 9 9493X  
 10  
 11  
 12 2-0  
 13

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 Richard L. Strauss

Licensed Embalmer No. 5164

P. O. Address Oppe, 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.

Permit serial 6-18-62