

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022805

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 5554 Registrar's No. 1157 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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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

FILED JUL 10 1962

1. PLACE OF DEATH
a. COUNTY Howell

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pottersville Length of stay in 1b 80 yrs.

c. CITY OR TOWN Pottersville Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) R. F. D. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Martha Middle Hester Last Bise

4. DATE OF DEATH Month June Day 14 Year 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 12/11/1879 9. AGE (last birthday) 82 years 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 housewife 11. BIRTHPLACE (City and state or country) Sherman, Texas 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Rev. Riley M. Proffitt 13b. MOTHER'S MAIDEN NAME Nancy J. Henry 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT Address Mrs. Ernest Sims, Pottersville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 24 hrs
DUE TO (b) Pulmonary edema 48 hrs
DUE TO (c) Arteriosclerotic Heart disease 8 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Carcinoma of Left Breast 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 Month, Day, Year a.m. p.m.

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 3-28-1962 to 5-30-62 and last saw her alive on 5-30-1962
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Murray T. Pritchard, M.D. 22b. ADDRESS West Plains, Missouri 22c. DATE SIGNED 6/16/62

23a. BURIAL, CREMATION REMOVAL (Specify) burial 23b. DATE 6/17/62 23c. NAME OF CEMETERY OR CREMATORY Pottersville Cemetery 23d. LOCATION (City, town, or county) (State) Pottersville, Mo.

24. FUNERAL DIRECTOR ADDRESS Robertson's, West Plains, Mo 25. DATE RECD. BY LOCAL REG. 7-6-62 26. REGISTRAR'S SIGNATURE Beatrice Cook

JUL 24 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 *A. R. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.