

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024149
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 226

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 18 1962

1. PLACE OF DEATH a. COUNTY Pettis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb 21 years		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS 609 South Engineer (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Joseph Middle Frank Last Pressley 4. DATE OF DEATH Month June Day 8 Year 1962	

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/20/88
9. AGE (last birthday) 73		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) Shopman	10b. KIND OF BUSINESS OR INDUSTRY Railroad shops	11. BIRTHPLACE (City and state or country) Penola County, Miss.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Caswell Pressley
13b. MOTHER'S MAIDEN NAME Ann Ward		14. NAME OF HUSBAND OR WIFE Artillia Partain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Address 609 S. Engineer Mrs. Artillia Pressley, Sedalia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion DUE TO (b) Posterior wall infarction DUE TO (c) and ventricular tachycardia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH 2 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	

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 **8 June 62** to **8 June 62** and last saw him alive on **8 June**
 Death occurred at **12:25 P.M.** on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) David R. Edwards M.D.	22b. ADDRESS Sedalia Mo	22c. DATE SIGNED 8 June 1962
23a. BURIAL CREMATION, REMOVAL (specify) Burial	23b. DATE 6/11/62	23c. NAME OF CEMETERY OR CREMATORY Highland Gardens
23d. LOCATION (City, town, or county) Sedalia, Missouri		(State)

24. FUNERAL DIRECTOR Nancy Ewing	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 6-11-1962	26. REGISTRAR'S SIGNATURE Nancy Anderson, Deputy
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
10808
20808
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4 0
5 1
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7 1
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94201
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12 1-0
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

JUN 19 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 *Paul Ewing*

Licensed Embalmer No. 3847

P. O. Address *Edalini*

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.