# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-024195
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 51

FILED JUN 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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|---|---|
| 1 | 0830 |
| 2 | 0830 |
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| 4 | 0 |
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| 12 | 86-0 |
| 13 | 1-0 |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Weston — Length of stay in lb: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Matthews Rest Home — Inside Limits: Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First: Perry — Middle: Elsworth — Last: Hale
4. DATE OF DEATH: Month: June — Day: 12 — Year: 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 10-18-1876
9. AGE (last birthday): 85 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Decatur, Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Rebecca MacCarthy
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.: unknown
17. INFORMANT: Irene Matthews — Address: Weston, 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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bilateral pyelonephritis
DUE TO (c): & nephrosclerosis
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 1955, to 1962 and last saw her/him alive on 6/12/62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H Graham Parker MD
22b. ADDRESS: Platte City
22c. DATE SIGNED: 6/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 6-12-62
23c. NAME OF CEMETERY OR CREMATORY: Cypress Lawn
23d. LOCATION (City, town, or county) (State): Colma, California

24. FUNERAL DIRECTOR — ADDRESS: Vaughn Funeral Home Weston, Mo.
25. DATE RECD. BY LOCAL REG.: 6.12.1962
26. REGISTRAR'S SIGNATURE: Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

**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 Robert D Brown

Licensed Embalmer No. 5183

P. O. Address Weston, 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.