# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024267

STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 144

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0900
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4 1
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7 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Logan Twnp — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Own Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Reynolds
c. CITY OR TOWN: Piedmont — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Shirley — Middle Mae — Last England

4. DATE OF DEATH: Month May — Day 5 — Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-12-1952
9. AGE (last birthday): 10 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (City and state or country): Iron County, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William England
13b. MOTHER'S MAIDEN NAME: Dolly Alcorn
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.: None
17. INFORMANT: William England — Address: Rt. 3 Piedmont, 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): Cancer of spinal cord & brain — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ependymoma of spinal cord & posterior fossa
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 1959, to March 10/62 and last saw her/him alive on 3/10/62
Death occurred at About 12:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth T Carter D.O.
22b. ADDRESS: Ellington Mo
22c. DATE SIGNED: 5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-7-62
23c. NAME OF CEMETERY OR CREMATORY: Annapolis City Cem
23d. LOCATION (City, town, or county) (State): Annapolis Mo

24. FUNERAL DIRECTOR — ADDRESS: Pewitt Funeral Home, Ellington, Mo
25. DATE RECD. BY LOCAL REG.: June 25, 1962
26. REGISTRAR'S SIGNATURE: Elma Jarvis Per D. May

(Licensed Embalmer's Statement on Reverse Side)

No Permit granted
(J. May)

**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 Chas S. Pearth

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.