

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026146

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 855

FILED JUL 30 1962

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

CERTIFICATION BY AFFIDAVIT OF W. H. Ames, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 3 weeks	c. CITY OR TOWN King City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD 1
3. NAME OF DECEASED (Type or print) First Nellie Middle Maude Last Pittsenbarger		4. DATE OF DEATH Month July Day 13 Year 1962	
5. SEX Female	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 9/15/04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (last birthday) 57
11. BIRTHPLACE (City and state or country) Nodaway County, Mo.¹²		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Mercer		13b. MOTHER'S MAIDEN NAME Mary Martin	
14. NAME OF HUSBAND OR WIFE Galen Pittsenbarger		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 Galen Pittsenbarger Address King City, Mo.¹	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis syndrome			INTERVAL BETWEEN ONSET AND DEATH ± 6 wks.
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) ① Dehydrated embolism & pulmonary embolism			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE INJURY OR OTHER CAUSE OF DEATH (If injury in PART I or PART II of item 18.) Dehydrated embolism	
20c. TIME OF INJURY _____	Hour _____ a.m. _____ p.m.	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 7-1-62 to 7-13-62 and last saw her alive on 7-13-62 . Death occurred at 11:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William H. Ames, M.D.		22b. ADDRESS 902 Edmund St	22c. DATE SIGNED 7-15-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 13, 1962	23c. NAME OF CEMETERY OR CREMATORY New Friendship Cem.
24. FUNERAL DIRECTOR Harold E. Harold		25. DATE RECD. BY LOCAL REG. July 23, 1962	23d. LOCATION (City, town, or county) (State) Gentry, Missouri
26. REGISTRAR'S SIGNATURE Wm. Clark			

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 Harold E. Hoedel

Licensed Embalmer No. 4609

P. O. Address King City, 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.