

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028097

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 267

FILED JUL 23 1962

VS 300
Rev. 4/59

1 0800

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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

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LA MONTE</u> Length of stay in lb <u>2 Mo</u>		c. CITY OR TOWN <u>HOUSTONIA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>108 E. PARKER</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) _____ Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES WALTER PUMMILH</u>			4. DATE OF DEATH Month Day Year <u>7 - 11 - 1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-13-1869</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELL DRILLER.</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>WATER-WELL DRILLING</u>	9c. BIRTHPLACE (City and state or country) <u>OHIO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELL DRILLER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WATER-WELL DRILLING</u>	
11. BIRTHPLACE (City and state or country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE PUMMILH</u>		13b. MOTHER'S MAIDEN NAME <u>MARIAH. EVERHART</u>	
14. NAME OF HUSBAND OR WIFE <u>SARAH JANE PUMMILH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>WALTER PUMMILH</u>		Address <u>LA MONTE MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>General & Cerebral Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>I.T. Fracture left hip.</u>			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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fall</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>6:30 a.m. 3-27-62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Houstonia Pettis Mo.</u>	
21. I attended the deceased from <u>1955</u> to <u>1962</u> and last saw him alive on <u>7 July 62</u> Death occurred at <u>11:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul Andrews, M.D.</u>		22b. ADDRESS <u>Good Springs, Mo.</u>	
22c. DATE SIGNED <u>7-13-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-14-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOUSTONIA CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>HOUSTONIA MO</u>			
24. FUNERAL DIRECTOR <u>MOORE FUNERAL HOME LA MONTE MO</u>		25. DATE RECD/ BY LOCAL REG. <u>July 18, 1962</u>	
		26. REGISTRAR'S SIGNATURE <u>Walter Anderson, Deputy</u>	

No permit issued

JUL 31 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 W. Moore

Licensed Embalmer No. 3923

P. O. Address 29 Mont Ave

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.