

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035464

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. 577-3 Registrar's No. _____

FILED OCT 1 1962

1. PLACE OF DEATH
a. COUNTY

1962
Mercer

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Mercer**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Morgan Twp**

Length of stay in lb
9 mts

c. CITY OR TOWN **Modena**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Booth Rest Home**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Rosa

Middle
B.

Last
Bain

4. DATE OF DEATH

Month Day Year
September 25, 1962

5. SEX
female

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
Feb 7, 1877

9. AGE (last birthday)
85

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Grundy Co., Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Elijah Nigh

13b. MOTHER'S MAIDEN NAME

Margaret Vanderpool

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.
no

17. INFORMANT Address
Shirley Hamilton Pleasant Valley, Iowa

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
2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiovascular Renal Disease

2 years

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

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 **1954** to **Sept. 1962** and last saw her alive on **Sept. 12, 1962**
Death occurred at **5:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Douglas L. Pearson, DO

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED
9-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Sept 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Hamilton

23d. LOCATION (City, town, or county)

Mercer Co., Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Noel Moss

Princeton, Mo

25. DATE RECD. BY LOCAL REG.

9-26-62

26. REGISTRAR'S SIGNATURE

Noel Moss

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0650

2 0650

3

4 1

5 2

6

7 0

8 0

9 442X

10

11

12 86-2

13 1-0

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 Moore*

Licensed Embalmer No. 2634

P. O. Address *Permelan 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.

Permelan Mo
26-62 (H.M.)