

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037725

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1163

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

15117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

M.B. Ames, M.D. MEDICAL CERTIFICATION

1. <b>PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in lb <u>74 yrs. 8 Mon.</u>	c. CITY OR TOWN <u>Faucett</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph State Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. <b>NAME OF DECEASED</b> (Type or print) First <u>Robert</u> Middle <u>Lee</u> Last <u>McPherson</u>			4. <b>DATE OF DEATH</b> Month <u>October</u> Day <u>13</u> Year <u>1962</u>
5. <b>SEX</b> <u>Male</u>	6. <b>COLOR OR RACE</b> <u>White</u>	7. <b>Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <u>May 14, 1886</u>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <u>Farmer Owner</u>	11. <b>BIRTHPLACE</b> (City and state or country) <u>Buchanan Co. Missouri</u>
13a. <b>FATHER'S NAME</b> <u>C. C. McPherson</u>		13b. <b>MOTHER'S MAIDEN NAME</b> <u>Ann Polen</u>	14. <b>NAME OF HUSBAND OR WIFE</b> <u>None</u>
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, pp. or unknown)   (If yes, give war or dates of service) <u>No</u>		16. <b>SOCIAL SECURITY NO.</b>	17. <b>INFORMANT</b> <u>Mrs. S. R. Reed Sr. 6316 Morris St.</u>
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
DUE TO (b) <u>Hypertensive Cardiovascular renal disease</u>			<u>2 years</u>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pilateral prumonitis Mental deficiency</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. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of Item 18.)	
20c. <b>TIME OF INJURY</b> Hour <u>          </u> a.m. <u>          </u> p.m. Month, Day, Year <u>          </u>		20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>
20f. <b>STATE</b>	21. I attended the deceased from <u>on October 12, 1962 as officer of Day</u> <sup>for</sup> saw him <sup>alive on</sup> Death occurred at <u>12:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. <b>SIGNATURE</b> <u>Mary Blames, M.D.</u>		(Degree or title) <u>St. Joseph, Mo</u>	22b. <b>ADDRESS</b>
22c. <b>DATE SIGNED</b> <u>10/13/62</u>			
23b. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	23c. <b>DATE</b> <u>Oct. 14, 1962</u>	23d. <b>NAME OF CEMETERY OR CREMATORY</b> <u>Bethel Cemetery</u>	23e. <b>LOCATION</b> (City, town, or county) <u>St. Joseph, Mo.</u>
24. <b>FUNERAL DIRECTOR</b> <u>Clark Funeral Home</u>		<b>ADDRESS</b> <u>St. Joseph, Mo.</u>	25. <b>DATE RECD. BY LOCAL REG.</b> <u>Oct. 15, 1962</u>
26. <b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Clark Woodell</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Remit issued 10/15/62

**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 *Ernest Clark*

Licensed Embalmer No. 4238

P. O. Address *St Joseph Miss.*

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.