MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041336
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 4521 Registrar's No. 106

FILED NOV 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1070		
2	1070		
3	2		
4	1		
5	1		
6			
7	0		
8	2		
9	420.1		
10			
11			
12	1-0		
13	4-0		

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Houston — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Texas County Mem. Hosp. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Minerva Middle: Malinda Last: Derryberry

4. DATE OF DEATH: Month: November Day: 4 Year: 1962

5. SEX: F.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/16/1889
9. AGE (last birthday): 73
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sargent, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Cloninger
13b. MOTHER'S MAIDEN NAME: Alice Steel
14. NAME OF HUSBAND OR WIFE: Allen F. Derryberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Lloyd R. Derryberry Address: Rt.1 Smsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic Heart Dis.
DUE TO (c) Grade 10 General Infirmities
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
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 Nov 1, 1962, to Nov 4, 1962 and last saw her him alive on 11/4/62
Death occurred at 6:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. J. Burns M.D. (Degree or title)
22b. ADDRESS: Houston, Mo.
22c. DATE SIGNED: 11/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/6/62
23c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
23d. LOCATION (City, town, or county) (State): Hartshorn, Missouri

24. FUNERAL DIRECTOR: Duncan Funeral Home ADDRESS: Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG.: 11-5-62
26. REGISTRAR'S SIGNATURE: Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

To Doctor 1: P.M. 11/5/62

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_____ Signed Charles D. Partain

Signature of Student Embalmer

Licensed Embalmer No. 5807

P. O. Address Mt. Vernon, 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.