

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-041739**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1326

**FILED DEC 3 1962**

VS 300  
Rev. 4/59

15117  
25117

3  
4 1  
5 2  
6  
7 0  
8 2  
9 9  
10 8  
11

1290-0  
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF *L.H. Pifer, Medical Certification*

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>   |   | c. CITY OR TOWN <b>St. Joseph</b>  |  |
| Length of stay in 1b <b>60 yrs</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1217 1/2 No. 2nd St.</b>   |   | d. STREET ADDRESS (If outside, give location) <b>1217 1/2 No. 2nd St.</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>IDA</b> Middle <b>NANCY</b> Last <b>WAKE</b>  |   | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>23</b> Year <b>1962</b>   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>3/14/1869</b>  |
| 9. AGE (last birthday) <b>93</b>  |   | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>  | 11. BIRTHPLACE (City and state or country) <b>Buchanan County Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>   |   | 13a. FATHER'S NAME <b>George Parsons</b>   |  |
| 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Alcorn</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Deceased</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>  |  |
| 17. INFORMANT <b>George T. Wake</b>   |   | Address <b>1217 1/2 No. 2nd St. Joseph, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 WEEK</b><br><b>2 WEEKS</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>FRACTURED LEFT FEMUR</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)   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 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.)   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   | Month, Day, Year _____  |  |  |
| 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 <b>NOV. 1, 1962</b> to <b>NOV. 22, 1962</b> and last saw her <b>alive</b> on <b>NOV. 22, 1962</b><br>Death occurred at <b>10:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title)   |   | 22b. ADDRESS <b>Buchanan</b>   | 22c. DATE SIGNED <b>11-24-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>11/26/62</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>   |
| 24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS <b>St. Joseph, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>Nov. 29 1962</b>   | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i>   |

Permit issued 11/24/62

**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

*Charles E. Bennett*

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.