MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042208

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 110

FILED NOV 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0	390
2	0310
3	
4	1
5	2
6	
7	0
8	2
9	260X
10	
11	
12	2-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Albany — Length of stay in 1b: 3 Days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Gentry Co. Hospital — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First MARY Middle ELLEN Last PIERCE

4. DATE OF DEATH: Month NOV. Day 16 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: OCT. 24 1877

9. AGE (last birthday): 85 — 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: Housewife

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

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: O.T. Swearingen

13b. MOTHER'S MAIDEN NAME: Elizabeth Kent.

14. NAME OF HUSBAND OR WIFE: Dan - Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Velma Wharton — Address: Pattonsburg, 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): SEPTICEMIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Urinary tract infection
DUE TO (c): Diabetes
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): C.V.A. 6 mo. ago

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 11/12/62, to 11/16/62 and last saw her/him alive on 11/16/62
Death occurred at 11:55 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernie Parsons M.D.

22b. ADDRESS: Albany, Mo.

22c. DATE SIGNED: 11/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Buriel

23b. DATE: 11-19-1962

23c. NAME OF CEMETERY OR CREMATORY: High Ridge

23d. LOCATION (City, town, or county) (State): Stanberry, Missouri

24. FUNERAL DIRECTOR: H.A. Roberson — ADDRESS: Pattonsburg, Mo.

25. DATE RECD. BY LOCAL REG.: 11-20-'62

26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

Dr Parsons.

Taken to Gentry Co Hospital 11-19-62 for signature
H H Robison

11-20-62

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 Harvey A. Robinson

Licensed Embalmer No. 5075

P. O. Address Pattonsburg 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.