MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007687

STATE FILE NUMBER

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0660
2 0660
3 1
4 0
5 1
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7 0
8 2
9 493X
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12 90-2
13 3-0

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

FILED MAR 7 1963

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richwoods Twp/
Length of stay in 1b: 1 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: GRANT Middle: EDWARD Last: SONS

4. DATE OF DEATH Month, Day, Year: February 27, 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-14-1891
9. AGE (last birthday): 71
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Brumley, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Harvey Sons
13b. MOTHER'S MAIDEN NAME: Mary Gumm
14. NAME OF HUSBAND OR WIFE: Martha Witt Sons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gladys Pritchett Address: Rt 2 Iberia, 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): Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Diabetes
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 1962, to 2/27/63 and last saw ~~her~~ him alive on 2/26/63
Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W.M. A. Gould D.O.
22b. ADDRESS: Iberia Mo
22c. DATE SIGNED: 2/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-2-1963
23c. NAME OF CEMETERY OR CREMATORY: Mt. Union Cemetery
23d. LOCATION (City, town, or county) (State): Miller County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Scrivner-Stevinson Iberia, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 29-1963
26. REGISTRAR'S SIGNATURE: Jessie Perkins

(Licensed Embalmer's Statement on Reverse Side)

APR. 5 1963

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 Jay A. Stevenson

Licensed Embalmer No. 5201

P. O. Address Iberia, 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.