

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029450

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 248

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 16 1963

|                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                                      |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>                                                                                                                                                                                             |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>                                  |                                                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Sedalia</u>                                                                                                                                                              |                                                                                                           | c. CITY OR TOWN <u>Sedalia</u>                                                                                                                                       |                                                                    |
| Length of stay in 1b <u>1 1/2 yrs</u>                                                                                                                                                                                                    |                                                                                                           | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                               |                                                                    |
| c. FULL NAME OF IF NOT in hospital, give location)<br><u>Campbell Nursing Home</u>                                                                                                                                                       |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br><u>1401 W. 3</u>                                                                                                    |                                                                    |
| HOSPITAL OR INSTITUTION                                                                                                                                                                                                                  |                                                                                                           | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                              |                                                                    |
| 3. NAME OF DECEASED<br>(Type or print) <u>Mary Pearl Young</u>                                                                                                                                                                           |                                                                                                           | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>11</u> Year <u>1963</u>                                                                                                 |                                                                    |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                  | 6. COLOR OF RACE<br><u>White</u>                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>8-12-1879</u>                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Home</u>                                                                                                                               |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Butler, Mo</u>                                                                                                               |                                                                    |
| 11. BIRTHPLACE (City and state or country)<br><u>USA</u>                                                                                                                                                                                 |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                                                                                                                            |                                                                    |
| 13a. FATHER'S NAME<br><u>John E. Shutt</u>                                                                                                                                                                                               |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Ella Patrick</u>                                                                                                                |                                                                    |
| 14. NAME OF HUSBAND OR WIFE<br><u>Unknown</u>                                                                                                                                                                                            |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                             |                                                                    |
| 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                                                                                                   |                                                                                                           | 17. INFORMANT<br><u>Lester Patrick - Sedalia Mo</u>                                                                                                                  |                                                                    |
| 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) <u>Cerebrovascular Accident</u><br>DUE TO (b) <u>Generalized Convulsions</u><br>DUE TO (c) <u>Stroke</u> |                                                                                                           | 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)                                                                                                        |                                                                                                           | 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?<br>YES <input type="checkbox"/> NO <input 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 <u>3:15 pm</u> Month, Day, Year <u>30 Oct 61</u>                                                                                                                                                             | 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<br><u>Butler, Mo</u>                                                         |                                                                                                                                                                      |                                                                    |
| 21. I attended the deceased from <u>30 Oct 61</u> to <u>11 July 63</u> and last saw her alive on <u>11 May 63</u><br>Death occurred at <u>3:15 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           | 22c. DATE SIGNED<br><u>12 July 63</u>                                                                                                                                |                                                                    |
| 22a. SIGNATURE<br><u>Carl D. Phillips</u>                                                                                                                                                                                                | 22b. ADDRESS<br><u>126 West 18th St. Sedalia Mo</u>                                                       |                                                                                                                                                                      | 22c. DATE SIGNED                                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                               | 23b. DATE<br><u>July 13, 1963</u>                                                                         | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Hill</u>                                                                                                                | 23d. LOCATION (City, town, or county) (State)<br><u>Butler, Mo</u> |
| 24. FUNERAL DIRECTOR<br><u>Sweeney-Phillips-Narrensburg</u>                                                                                                                                                                              | 25. DATE RECD. BY LOCAL REG.<br><u>July 12, 1963</u>                                                      | 26. REGISTRAR'S SIGNATURE<br><u>Frances Anderson</u>                                                                                                                 |                                                                    |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.