MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032400
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4330

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED AUG 20 1963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3918 Charlotte Grosse Nursing
Inside Limits: Yes X No ☐

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

3. NAME OF DECEASED (Type or print): First: Wardie Middle: Ann Last: Pepper
4. DATE OF DEATH: Month 8 Day 2 Year 63
5. SEX: Fem
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10/24/1884
9. AGE (last birthday): 78
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: no
11. BIRTHPLACE (City and state or country): Platte Co., Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: William Lewis Miller ~~Wilburn Miller~~
13b. MOTHER'S MAIDEN NAME: Rebecca Gaines
14. NAME OF HUSBAND OR WIFE: Dec. —
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.:
17. INFORMANT: Walter Vaughn, Weston, Mo Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) senility changes
DUE TO (c) Tuberculosis pulmonary 2B chr — years
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. ☐ 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 1960 to aug 2 1963 and last saw ~~him~~ her alive on aug 2 1963
Death occurred at 3:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm R. Jackson (Degree or title) MD
22b. ADDRESS: 1409 Bryant bldg
22c. DATE SIGNED: 8/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/4/63
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge
23d. LOCATION (City, town, or county) (State): Weston, Mo

24. FUNERAL DIRECTOR ADDRESS: Vaughn Funeral Home, Weston, Mo.
25. DATE RECD. BY LOCAL REG.: 8-3-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Wm. R. Jackson

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
13a	William Lewis Miller	Wilburn Miller	8-9-63

BY AFFIDAVIT OF Informant

DOCUMENT 1

1
2 70002
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4 1
5 2
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7 0
8 2
9 002.1
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11
12 86-0
13

Dr. Dr. Wm Jackson
14th Floor Bryant Bldg
1409

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 Walter R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.