MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-003169
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 11

FILED FEB 7 1962

AMENDED

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Township — Length of stay in 1b 6 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pleasant View Rest Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Bolivar — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First AMANDA Middle V. Last PILCHER

4. DATE OF DEATH Month January Day 13 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-12-1879
9. AGE (last birthday) 82 — 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 Homemaking
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jim Butler
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. May Kinsey Address Bolivar, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Medullary Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Encephalomalacia
DUE TO (c) Arteriosclerosis

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 March 28, 1959, to Jan. 13, 1962 and last saw her alive on Jan 13, 1962
Death occurred at 2:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. F. Rumbring DO
22b. ADDRESS Bolivar Mo
22c. DATE SIGNED 1-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-15-62
23c. NAME OF CEMETERY OR CREMATORY Payne Cemetery
23d. LOCATION (City, town, or county) (State) Polk County Mo.

24. FUNERAL DIRECTOR Sidney J. Pitts ADDRESS Bolivar, Mo
25. DATE RECD. BY LOCAL REG. Jan 31, 1962
26. REGISTRAR'S SIGNATURE Ralph Gorden per Jewell Gorden

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

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 Larry R. Sillery

Licensed Embalmer No. 5166

P. O. Address Bolivar, 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.