MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018704
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 869

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

b397
20080

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3			
4	1		
5	2		
6			
7	0		
8	2		
9332X			
10			
11			
12 86-0			
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 26 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Davis Nursing home — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Kathrine Middle: M Last: Reser
4. DATE OF DEATH: Month: May Day: 31 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: June 25, 1880
9. AGE (last birthday): 81
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: Home
11. BIRTHPLACE (City and state or country): Preston, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Martin Shumate
13b. MOTHER'S MAIDEN NAME: Salina Thomas
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): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Hoyt Shumate Address: 1115 E Linwood Dr Springfield, 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 – left. — Interval between onset and death: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis (Recurrent) — 2 wks
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis.
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 3-8-60 to 5-31-62 and last saw her alive on 5-31-62
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H.P. Massey (Degree or title) M.D.
22b. ADDRESS: Springfield 4, Mo.
22c. DATE SIGNED: 6/1/62.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 3, 1962
23c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery
23d. LOCATION (City, town, or county) (State): Preston Hickory Co. Mo
24. FUNERAL DIRECTOR: John J Reser ADDRESS: Warsaw
25. DATE RECD. BY LOCAL REG.: 6-4-62
26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer) MO (Statement on Reverse Side)

No permit issued. E.M.

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 John J Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw.

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.