

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020104

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 228

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 5 1962

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flat River</u>		c. CITY OR TOWN <u>Flat River</u>	
Length of stay in 1b <u>9yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>221st Crane St.</u>		d. STREET ADDRESS (If outside, give location) <u>221st Crane St.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Edward</u> Last <u>PEMBERT</u>			4. DATE OF DEATH Month <u>May</u> Day <u>25</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-20-1885</u>	9. AGE (last birthday) <u>76</u>	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) <u>Railroad Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>		11. BIRTHPLACE (City and state or country) <u>Angola, Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Pembert</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Sperry</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Pembert</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Minnie Pembert, Flat River, Mo.</u>		Address _____	
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18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Presumed to be "Natural Causes"</u>			
DUE TO (b) <u>It was known he had heart condition.</u>			
DUE TO (c) <u>Investigated by Coroner</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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, etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>Esther Rudloff</u> (Degree or title) <u>Local Registrar</u>		22b. ADDRESS <u>Realty Bldg., Farmington, Mo.</u>		22c. DATE SIGNED <u>5/26/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-27-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	
		23d. LOCATION (City, town, or county) <u>Leadwood, Mo.</u>		(State) _____	

24. FUNERAL DIRECTOR <u>Bert L. Boyer, Leadwood, Mo.</u>		ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>May 26, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300
Rev. 4/59

10942
20942

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9/344
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1290-8
131-0

JUN 14 1962

JUN 6 1962

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 Beal L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood 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.