

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045999

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1497

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 14 1963	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>	Length of stay in lb <u>3 mos. 3 days</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>	d. STREET ADDRESS (If outside, give location) <u>Breckenridge</u>
3. NAME OF DECEASED (Type or print) First <u>Flora</u> Middle <u>Effie</u> Last <u>Pilcher</u>	
4. DATE OF DEATH Month <u>December</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 19, 1869</u>
9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>
11. BIRTHPLACE (City and state or country) <u>Breckenridge, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James N. Handy</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane (Unknown maiden name)</u>
14. NAME OF HUSBAND OR WIFE <u>H. A. Pilcher</u>	Address <u> </u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT <u>State Hospital # 2 Records</u>	Address <u> </u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Pneumonitis</u> <u>Stasis type</u>	
DUE TO (b) <u>Fracture left hip, subcapital</u>	
DUE TO (c) <u> </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>	
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.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u> <u> </u> <u> </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 <u> </u> COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>Aug. 14, 1962</u> to <u>Dec. 17, 1962</u> and last saw her <u> </u> alive on <u>Dec. 17, 1962</u> Death occurred at <u>7:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Cherem M. Clavert</u>	22b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>
22c. DATE SIGNED <u>12/17/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 21, 1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	23d. LOCATION (City, town, or county) <u>Gallatin, Mo.</u>
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 10, 1963</u>
ADDRESS <u>St. Joseph, Mo.</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
C.M. Clark, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

FEB 14 1963

Permit issued 12/20/62

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 Evan A. Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.