MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-000101

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 4021 Registrar's No. 42

FILED FEB 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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

USE BLACK INK OR TYPEWRITER RIBBON

Emil Robey DO

1. PLACE OF DEATH
a. COUNTY: Audrian
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Laddonia — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): In Home Laddonia, Mo. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Audrain
c. CITY OR TOWN: Laddonia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Donia — Middle Francis — Last Peark
4. DATE OF DEATH: Month 2 Day 2 Year 1963
5. SEX: F. M.
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4-14-1883
9. AGE (last birthday): 79 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Audrain Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Thomas Jefferson
13b. MOTHER'S MAIDEN NAME: Elsberry
14. NAME OF HUSBAND OR WIFE: Everett Pearl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of
16. SOCIAL SECURITY NO.
17. INFORMANT: Everett Pearl — Address: Laddonia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Infirmities of Age — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchial pneumonia — 12 "
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Ovarian tumor - large; Ch. Vascular disease (varicose) ulcer
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Sep 18, 1962, to Feb. 2, 1963 and last saw her/him alive on Feb 2, 1963
Death occurred at 3:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Emil Robey (Degree or title) DO
22b. ADDRESS: Laddonia Mo
22c. DATE SIGNED: 2/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-4-1963
23c. NAME OF CEMETERY OR CREMATORY: Laddonia Cemetery
23d. LOCATION (City, town, or county) (State): Laddonia, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Wilkey-Bienhoff Laddonia, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 4-1963
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry 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.