

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001781

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 59

FILED JAN 21 1963

VS 300 Rev. 4/59	DATE AMENDED
1	60032
3	
4	1
5	2
6	
7	1
8	0
9	1992
10	
11	
12	68-0
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Liberty	
Length of stay in 1b 4 weeks		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Trinity Lutheran Hosp		d. STREET ADDRESS (If outside, give location) 204 S. Jewell	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EMILIA H. PELKEY			4. DATE OF DEATH Month January Day 4 Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-3-1882
9. AGE (last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Winkler, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Jacob Held	
14. MOTHER'S MAIDEN NAME Bertha Endris		15. NAME OF HUSBAND OR WIFE Charles Pelkey	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		17. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: Carcinomatosis- Ascites		19. INFORMANT 1008 Morningside Dr., Angleton, Texas Mrs. Dorothy Sue Pelkey,	
IMMEDIATE CAUSE (a) Primary either fundus or Ovary		INTERVAL BETWEEN ONSET AND DEATH 3 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
DUE TO (b)		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	
DUE TO (c)		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 a.m. p.m. 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
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 1950 to and last saw her ^{her} xxx alive on Jan 3, 63 Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. Goodson</i>		22b. ADDRESS Liberty Mo	
(Degree or title)		22c. DATE SIGNED 1-5-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-7-1963	
23c. NAME OF CEMETERY OR CREMATORY Rogers Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR Pasley Funeral Home, Liberty, Mo.		25. DATE RECD. BY LOCAL REG. 1-5-63	
ADDRESS		26. REGISTRAR'S SIGNATURE <i>Beth Long</i>	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 22 1963

MAR 26 1963

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 Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.