

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006065

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 308

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0397
2 0397
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99030
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, | | c. CITY OR TOWN Springfield | |
| Length of stay in 1b 30 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | d. STREET ADDRESS (If outside, give location) 711 Cherry | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MYRTLE PEMBERTON | | | 4. DATE OF DEATH Month Day Year February 24, 1963 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH January 22, 1885 |
| 9. AGE (last birthday) 78 | | IF UNDER 1 YEAR Months 1 Days 2 | IF UNDER 24 HR Hours 2 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY In Home | 11. BIRTHPLACE (City and state or country) Boone County, Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME James K. Pemberton | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT J. Benton McBride | | Address Springfield, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Fracture, intertrochanteric right femur | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO Lobar Pneumonia, bilateral | | | 3 days |
| DUE TO (c) _____ | | | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Fell on living room floor at home | |
| 20c. TIME OF INJURY: Hour 9:00 a.m. p.m. Month, Day, Year 12/28/62 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION Springfield, Greene | | COUNTY STATE Missouri |
| 21. I attended the deceased from 12/28/62 to 2/24/63 and last saw her alive on 2/24/63 Death occurred at 1 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James D. Pemberton (Degree or title) | | 22b. ADDRESS Springfield, Mo. | 22c. DATE SIGNED 2/25/63 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 26, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Maple Park | |
| 23d. LOCATION (City, town, or county) Springfield, Missouri | | 24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home, Inc. Address Springfield, Missouri | |
| 25. DATE RECD. BY LOCAL REG. 2-26-63 | | 26. REGISTRARS SIGNATURE Effie S. Melton | |

MAR 4 1963

Handwritten signature

Permit 2-25-63

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 *L. Doolin Gorman*

Licensed Embalmer No. 3177

P. O. Address *Springfield, 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.