MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-010114
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 354 Primary Registration District No. 6198 Registrar's No. 5

FILED MAR 5 1963

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cass twp. Length of stay in 1b 12 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. North of Tyrone Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Texas
c. CITY OR TOWN Cass twp. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 1, Houston, Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Doris Middle Mae Last Palstring
4. DATE OF DEATH Month 2 Day 24 Year 63
5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/16/1910
9. AGE (last birthday) 52
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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Texas County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Stephens
13b. MOTHER'S MAIDEN NAME Leuthie Cape
14. NAME OF HUSBAND OR WIFE Clarence Palstring
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 Address Clarence Palstring, Houston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Inanition & Debilitation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c) Primary Adeno Carcinoma of ovaries
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
with generalized metastasis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1961, to Feb 1963 and last saw her alive on Feb 24
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Dr Lavere Hampton D.O. (Degree or title)
22b. ADDRESS Summersville (State)
22c. DATE SIGNED 3/1/63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2/27/1963
23c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery
23d. LOCATION (City, town, or county) Texas County, Mo.
24. FUNERAL DIRECTOR ADDRESS Elliott-Gentry Funeral Home, Cabool, Mo.
25. DATE RECD. BY LOCAL REG. 3-3-63
26. REGISTRAR'S SIGNATURE Gaynell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1070		
2	10701		
3			
4	1		
5	1		
6			
7	0		
8	2		
9	175.0		
10			
11			
12	90-2		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Sent to Dr. Hampton on 2/26/63

MAR 13 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 James L. Gentry

Licensed Embalmer No. 4718

P. O. Address Cabool, 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.