

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015757

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 88 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1963

1. PLACE OF DEATH
 a. COUNTY Grundy
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in 1b 4 da.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE Missouri b. COUNTY Warren
 c. CITY OR TOWN Jamesport Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Jamesport Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
PEARL COURTER APR. 12 1963

5. SEX F 6. COLOR OR RACE W 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 6/4/1899 9. AGE (last birthday) 63
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Jameson Mo 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Alexander Carter 13b. MOTHER'S MAIDEN NAME Hannah Kimbrel 14. NAME OF HUSBAND OR WIFE H.R. Courter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT H.R. Courter Address Jamesport Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Angerous Appendicitis INTERVAL BETWEEN ONSET AND DEATH 7 days
 operated & Died April 12th 1963
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus
 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 April 9th to April 13th 1963 and last saw her/him alive on April 12th 1963
 Death occurred at 415 Ave m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver F. Duffey (Degree of title) 22b. ADDRESS Trenton Mo 22c. DATE SIGNED April 15 1963

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Apr. 16 1963 23c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery 23d. LOCATION (City, town, or county) Coffey Mo

24. FUNERAL DIRECTOR O.S. Roberson ADDRESS Jamesport Mo 25. DATE RECD. BY LOCAL REG. 4-15-63 26. REGISTRAR'S SIGNATURE Gene Fair

VS 300 Rev. 4/59
 1-0405
 2-0310
 3
 4 1
 5 1
 6
 7 0
 8 2
 9 550.0
 10
 11
 12 2-0
 13 1-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 O. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Lawford, 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.