

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5840-63-020894  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

|                     |  |
|---------------------|--|
| AMENDED             |  |
| DATE AMENDED        |  |
| VS 300<br>Rev. 4/59 |  |
| 1 0730              |  |
| 2 0730              |  |
| 3                   |  |
| 4 0                 |  |
| 5 1                 |  |
| 6                   |  |
| 7 1                 |  |
| 8 2                 |  |
| 9 4200              |  |
| 10                  |  |
| 11                  |  |
| 12 90-0             |  |
| 13 6-0              |  |

Registration District No. 245 Primary Registration District No. 5840 Registrar's No. 5840

**FILED MAY 27 1963**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Vanburen</u>   |   | Length of stay in 1b<br><u>38</u> years   | c. CITY OR TOWN<br><u>Wentworth</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>4 mile W. Pierce City</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>4 M. West of Pierce City</u>   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Oren</u> Middle <u>Jerimah</u> Last <u>Priest</u>  |   | 4. DATE OF DEATH<br>Month <u>5</u> Day <u>15</u> Year <u>1963</u>   |  |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W. White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10-13-1878</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><u>84</u>  |
| 13a. FATHER'S NAME<br><u>Mark Priest</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary E. Cunningham</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO. <input type="checkbox"/>  |  |
| 17. INFORMANT<br><u>Mrs. Kate Priest</u>   |   | Address<br><u>Wentworth, Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u><br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | 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)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>April 1963</u> to <u>May 1963</u> and last saw him alive on <u>5/15/63</u><br>Death occurred at <u>10:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><u>Oren M. Priest</u>  |   | 22b. ADDRESS<br><u>Wentworth, Mo.</u>   | 22c. DATE SIGNED<br><u>5/17/63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>5-17-1963</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Vanburen cemetery</u>  | 23d. LOCATION (City, town, or county)<br><u>Newton County</u>  |
| 24. FUNERAL DIRECTOR<br><u>Wilks Bros. Funeral Home</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>5-18-63</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Rayden</u>   |

Pierce City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

MAY 28 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

*Edwin Wilks*

Licensed Embalmer No.

*4131*

P. O. Address

*Perce City, 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.