

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035470

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 19 Primary Registration District No. 5291 Registrar's No. 104 STATE FILE NUMBER

**FILED SEP 24 1963**

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		c. CITY OR TOWN <u>Buckner</u>	
Length of stay in 1b <u>9 weeks</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>IOOF Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Highway 24</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Richard Pence</u>			4. DATE OF DEATH <u>August 26, 1963</u>		
First	Middle		Last	Month	Day Year

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-3-1886</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired engeneer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sinclair Refining</u>	11. BIRTHPLACE (City and state or country) <u>Cedarville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Franklin Pence</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Frances Baxter</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine <del>Baxter</del></u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <input type="checkbox"/>
17. INFORMANT <u>Baxter Pence Buckner, Mo.</u>		Address

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
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)		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	
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from June 20 to August and last saw him alive on Aug 26  
Death occurred at 1 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm Gaddon</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Liberty Mo</u>	22c. DATE SIGNED <u>8/28/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>8-28-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery</u>	23d. LOCATION (City, town, or county) <u>Buckner, Missouri</u>
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24. FUNERAL DIRECTOR <u>Reppert Funeral Home Buckner, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-16-63</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>
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(Licensed Embalmer's Statement on Reverse Side)

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Rev. 4/59  
16100  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 3 1961

**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

*Charles Mayfield*

Licensed Embalmer No. 4638

P. O. Address Blue Springs, 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.

*unrecorded 10-21-61*