

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035800

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1299-C

FILED OCT 2 1963

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| VS 300 | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED |
| Rev. 4/59 | | |
| 1 0397 | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u> | | Length of stay in 1b <u>21 days</u> | c. CITY OR TOWN <u>Caudora</u> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>BESSIE MAY PERING</u> | | | 4. DATE OF DEATH Month Day Year <u>9-24-63</u> |
| 5. SEX <u>Female</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>Dec 19-1903</u> |
| 9. AGE (last birthday) <u>59</u> | | 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) <u>Postmaster</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Postmaster</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Edward Rowin</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Lucy Frances Eskew</u> | | 14. NAME OF HUSBAND OR WIFE <u>Claude T. Pering</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>(none)</u> | |
| 17. INFORMANT <u>(none)</u> | | 17. INFORMANT Address <u>Claude T. Pering - Caudora - Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized, extensive Carcinomatous of abdomen - primary pancreas</u> DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH <u>9</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Separatory with biopsy 9/13/63</u> | | | 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 |
| 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.) | |
| 20c. TIME OF INJURY 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>9/3/63</u> to <u>9/24/63</u> and last saw her <u>live on 9/23/64</u> Death occurred at <u>6:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>W. Roland Langston M.D.</u> | | 22b. ADDRESS <u>Springfield</u> | |
| 22c. DATE SIGNED <u>9/24/63</u> | | 22c. DATE SIGNED (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9-26-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Caudora Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Caudora Polk Co. Mo.</u> | | 23d. LOCATION (City, town, or county) | |
| 24. FUNERAL DIRECTOR <u>Doyle L. Daniel - Walnut Grove No 10-1-63</u> | | 25. DATE REC'D. BY LOCAL REG. <u>9-26-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Bernice Bradley</u> | | 26. REGISTRAR'S SIGNATURE | |

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

OCT 3 1963

9/24/63

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 Doyle L. Daniel

Licensed Embalmer No. 1702

P. O. Address Osht. Grovino

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.