

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043740

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 5564 Registrar's No. 127

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED									
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Highway 49</u>		Length of stay in 1b	c. CITY OR TOWN <u>Piedmont RR. I</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In Route to Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Lake Creek Comm.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maggie May Pannebecker</u>		4. DATE OF DEATH Month Day Year <u>Nov. 13 1963</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>2-28-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (last birthday) <u>59</u> Months <u>8</u> Days <u>25</u>
11. BIRTHPLACE (City and state or country) <u>Iron Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Riley Aldridge</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Cowan</u>	
14. NAME OF HUSBAND OR WIFE <u>Otto H Pannebecker</u>		17. INFORMANT <u>Rev. O. H. Pannebecker</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>		Address <u>Piedmont Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____			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. <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>1962</u> to <u>Nov 13, 1963</u> and last saw her alive on <u>4/13/63</u> Death occurred at <u>1:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. H. Hline MD</u>		22b. ADDRESS <u>Piedmont, Mo</u>	
22c. DATE SIGNED <u>11-15-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-15-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ironton Iron. Mo.</u>	
23d. LOCATION (City, town, or county) <u>Ironton Iron. Mo.</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>William Cook</u>		25. DATE RECD. BY LOCAL REG. <u>11-16-63</u>	
ADDRESS <u>Piedmont Mo</u>		26. REGISTRAR'S SIGNATURE <u>Ma Avis Jones</u>	

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 Coder Funeral Home Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Pudment

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.