

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048804

STATE FILE NUMBER

Registration District No. 239 - Primary Registration District No. 4354 Registrar's No. 50

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY <u>new madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>parma</u>		c. CITY OR TOWN <u>parma</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Pearlie M. wooden Montgomery</u>			4. DATE OF DEATH Month Day Year <u>Dec. 12, 1963</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 30, 1910</u>	9. AGE (last birthday) <u>52 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Mln.

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	11. BIRTHPLACE (City and state or country) <u>Little Rock Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>seipio Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Carr</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT <u>J.T. Hill</u> Address <u>parma, Mo.</u>
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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>Myocardial infarction</u> DUE TO (b) <u>Coronary Artery occlusion</u> DUE TO (c) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
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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 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	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 <u>7-12-63</u> <u>7-7-63</u>	COUNTY <u>7-12-63</u> <u>7-7-63</u>	STATE
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21. I attended the deceased from <u>12-7-62</u> to <u>7-7-63</u> and last saw ^{her} <u>him</u> alive on <u>7-7-63</u> . Death occurred at <u>8 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE <u>Thayne Creamer</u> (Degree or title)	22b. ADDRESS <u>Malden Mo</u>	22c. DATE SIGNED <u>12-16-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>dec. 18, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Broadwater Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>3 miles NE of Malden Mo,</u>
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24. HEALTH DIRECTOR <u>Watkins and Sons Parma, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-18-1963</u>	26. REGISTRAR'S SIGNATURE <u>Charles Simpson by H.L. Ponder</u>
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DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

1 0720

2 0720

3

4 3

5 3

6

7 1

8 0

9 420.1

10

11

12 90-0

13 4-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DEC 27 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 Earl Walker

Licensed Embalmer No. 4964

P. O. Address Dexter

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.