

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0009252

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

Dr King
AMENDED

Registration District No. 352 Primary Registration District No. 4516 Registrar's No. 11

STATE FILE NUMBER

FILED FEB 17 1964	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Taney</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Forsyth Length of stay in 1b years</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeview Rest Home Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Taney</p> <p>c. CITY OR TOWN Forsyth Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Ozark Beach Com. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First BERTIE Middle SHARP Last SHARP</p>	
<p>4. DATE OF DEATH Month FEB. Day 7, Year 1964</p>	
<p>5. SEX F</p>	<p>6. COLOR OR RACE W</p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH Aug. 16, 1873</p>
<p>9. AGE (last birthday) 90</p>	<p>IF UNDER 1 YEAR Months 5 Days 21 Hours Min. </p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY housekeeper</p>
<p>11. BIRTHPLACE (City and state or country) Benton County Mo. USA</p>	
<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME Stokes Gregory</p>	<p>13b. MOTHER'S MAIDEN NAME Frances Gregory</p>
<p>14. NAME OF HUSBAND OR WIFE deceased</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no</p>	<p>16. SOCIAL SECURITY NO. none</p>
<p>17. INFORMANT Mrs Sybil Parrish Forsyth, Mo Address</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Cardiac Decompenation 4344</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial Hypertension</p> <p>DUE TO (c) Arteriosclerosis, Senility</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year </p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION Forsyth, Mo COUNTY STATE </p>	
<p>21. I attended the deceased from 2-1-63 to 2-6-64 and last saw her/him alive on 2-6-64</p> <p>Death occurred at 2-6-64 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Mary King, D.O.</p>	<p>22b. ADDRESS Forsyth, Mo.</p>
<p>22c. DATE SIGNED 2-11-64</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) burial</p>	<p>23b. DATE Feb. 9, 1964</p>
<p>23c. NAME OF CEMETERY OR CREMATORY Snapp Cemetery</p>	
<p>23d. LOCATION (City, town, or county) Forsyth, Mo (State)</p>	
<p>24. FUNERAL DIRECTOR Walter Cobb Branson, Mo ADDRESS</p>	<p>25. DATE RECD. BY LOCAL REG. 2-13-64</p>
<p>26. REGISTRAR'S SIGNATURE Helen Campbell</p>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1857000

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 Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Branson, 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.