MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0022317
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 777

FILED JUL 12 1967

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

ITEM NO.	SHOULD READ	DATE AMENDED
1	5117	
2	0320	
3		
4	1	
5	2	
6		
7	0	
8	2	
9	331X	
10		
11		
12	20	
13	1-1	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Joseph
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Methodist Hosp,
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: DeKalb
c. CITY OR TOWN: Maysville
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Stella Middle: May Last: Hamilton

4. DATE OF DEATH: Month: 5 Day: 28 Year: 67

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 7-12-1878

9. AGE (last birthday): 88

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): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: David Perrigo

13b. MOTHER'S MAIDEN NAME: Hattie Chaney

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Dolly Taylor Address: Maysville Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Vascular accident	2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral atherosclerosis	10 years.
DUE TO (c)	generalized atherosclerosis	15 years

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. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 5-26-67 to 5-28-67 and last saw her/him alive on 5-28-67
Death occurred at 8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John Forgraves MD

22b. ADDRESS: 420 N. 8th St Joplin Mo

22c. DATE SIGNED: 7/7/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-1-67

23c. NAME OF CEMETERY OR CREMATORY: Mt Pleasant

23d. LOCATION (City, town, or county) (State): Maysville Mo.

24. FUNERAL DIRECTOR: John Bram ADDRESS: Maysville Mo.

25. DATE RECD. BY LOCAL REG.: 7-10-67

26. REGISTRAR'S SIGNATURE: Mary Valentine

(Licensed Embalmer's Statement on Reverse Side)

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 ____________________________________ Signed John Brown
Signature of Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Maysville

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.

Permit issued 5-28-67 — M.V.
Dr. Davis he last tle
Certificate Notice deal
It seems to me too
many ~~too~~ too many
mistakes
Made by
the Dr
he was
called
4 times