

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. 700 326 Primary Registration District No. 6129 Registrar's No. 70038894 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1010

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson TWP</u>		Length of stay in 1b <u>10yr</u>	c. CITY OR TOWN <u>Akers, Missouri</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Akers, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Akers, Missouri</u>
3. NAME OF DECEASED (Type or print) First <u>Pearlie</u> Middle <u>Maggard</u> Last <u>Maggard</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>2</u> Year <u>1964</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>Mar. 28, 1896</u>
9. AGE (last birthday) <u>68</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and state or country) <u>Shannon Co. U. S. A.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. NAME OF HUSBAND OR WIFE <u>Earl D. Maggard</u>	
13a. FATHER'S NAME <u>George Purcell</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Summers</u>	
14. NAME OF HUSBAND OR WIFE <u>Earl D. Maggard</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> <input checked="" type="checkbox"/> <u>X</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT <u>Loreen Maggard Akers, Missouri</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>Abdominal carcinoma, generalized, advanced.</u> <u>040-8-1-1</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
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 checked="" 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>March 1964</u> to <u>Oct. 1964</u> and last saw her/him alive on <u>Oct. 1, 1964</u> Death occurred at <u>4:50 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>Martha M. Hawk</u>		22b. ADDRESS <u>Salem, Missouri</u>	22c. DATE SIGNED <u>10-6-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 4, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem.</u>	23d. LOCATION (City, town, or county) <u>Salem, Missouri</u>
24. FUNERAL DIRECTOR <u>SPENCER FUNERAL HOME INC. Salem, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-6-64</u>	26. REGISTRAR'S SIGNATURE <u>H. J. ...</u>

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

OCT 14 1964

**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 Carl D. Spurr  
Licensed Embalmer No. 2370

P. O. Address Salem, 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.