

No. 300
10-48

1810

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 14

5-9
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Springfield</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Springfield</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>	d. STREET ADDRESS (If rural, give location) <u>915 Clay St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>915 Clay St.</u>			

3. NAME OF DECEASED (Type or Print) <u>Emma Florence Pepper</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1949</u>
---	------------	-------------	-----------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 15, 1855</u>	9. AGE (in years last birthday) <u>93</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>James H. Perry</u>	13b. MOTHER'S MAIDEN NAME <u>Hulda Diggitt</u>	14. NAME OF HUSBAND OR WIFE <u>George P. Pepper</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>East Pepper - Chillicothe, Mo.</u>	ADDRESS <u>Chillicothe, Mo.</u>
---	-------------------------------------	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malnutrition</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 1/2 2 2 1</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4 7 2 2 1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
---	--	-------------------------------------

22. I hereby certify that I attended the deceased from Feb - 1, 1949, to Feb - 1, 1949, that I last saw the deceased alive on Feb - 1, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>V. O. Vancliver M.D.</u>	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>3 Feb 1949</u>
--	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.H. Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Co., Mo.</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Feb - 3 - 49</u>	REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald Jordan</u>	ADDRESS <u>Chillicothe, Mo.</u>
--	--	---	---------------------------------

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.

Signed Ronald F. Gordon

Signed _____
Student Embalmer

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.