

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7340

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>5076</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland Township</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 2, Richland Township</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Lamar, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Riley</u> c. (Last) <u>Pemberton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 29, 1859</u>			
9. AGE (in years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>			11. BIRTHPLACE (State or foreign country) <u>Caldwell County, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>John Pemberton</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Melton</u>			14. NAME OF HUSBAND OR WIFE <u>Lucy Sessions</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>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Iva Humphrey Lamar, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken hip</u> DUE TO (c) <u>8 9 30</u> 20 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u> <u>2 months 19 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no6</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-22-49 10:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on ice in yard of home</u>					
22. I hereby certify that I attended the deceased from <u>Jan 20, 1949</u> , to <u>Apr 7, 1949</u> , that I last saw the deceased alive on <u>Apr 5, 1949</u> , and that death occurred at <u>6:30 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Karl K. Katz, D.O.</u>				23b. ADDRESS <u>Lamar Mo</u>		23c. DATE SIGNED <u>4-7-49</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Cowgill Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 8, 1949</u>		REGISTRAR'S SIGNATURE <u>Elizabeth A. Hugh</u> 15		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Funeral Home, Lamar, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,
District File Number 449-444
Date Filed 4-11-49

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, ~~only~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clarence W. Chiles.....

Licensed Embalmer No. 3413.....

P. O. Address Lamar Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.