

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19029

FILED JUL 11 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4153</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>DADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u> <u>29</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u>		c. LENGTH OF STAY (In this place) <u>11</u> <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u> <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>507 E. Water St.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hospital</u>				3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Smith</u> c. (Last) <u>PELTS</u>			
4. DATE OF DEATH <u>June 25 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 10, 1871</u>		9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Law</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Benjamin F. Pelts</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Carlock Pelts</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>Mrs. Florence Pelts Greenfield, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> ANTECEDENT CAUSES DUE TO (b) <u>Adhesion formation</u> DUE TO (c) <u>Old perforated gastric</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic ulcer - advanced</u> <u>Chronic arteriosclerosis - kidneys</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPTSY YES <input checked="" type="checkbox"/> NO <input 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) <u>Greenfield Dade Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>6/19</u> , 19 <u>49</u> to <u>6/25</u> , 19 <u>49</u> that I last saw the deceased alive on <u>6/25/49</u> , and that death occurred at <u>6:47 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. R. Cain</u>		23b. ADDRESS <u>1207 Greenfield, Missouri</u>		23c. DATE SIGNED <u>6/28/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pennsboro, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-28-49</u>		REGISTRAR'S SIGNATURE <u>Leo L. Weir</u> <u>790</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada Greenfield, Mo.</u>			

RECEIVED

District Health Officer No. 6,

District File Number 749-757

Date Filed 7-5-49

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. C. Canada

Signed _____
Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.