

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23940

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wangue</u>		3
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Nursinghome</u>			d. STREET ADDRESS (If rural, give location) <u>no street address</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bell</u> b. (Middle) <u>Pease</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1949</u>		
5. SEX <u>7</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 2 1863</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Month <u>10</u> Days <u>19</u>
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	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Smith</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Brad Pease</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ike Johnson Conway 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>depression & Edema</u>			<u>1 mo.</u>
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4200</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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?	
22. I hereby certify that I attended the deceased from <u>12 Jan, 1949</u> , to <u>21 July, 1949</u> , that I last saw the deceased alive on <u>15 July 1949</u> and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paul A. Jenkins</u>			23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>28 July 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/25/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Builderback Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 26 1949</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u>	
				ADDRESS <u>Lebanon Mo.</u>	

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

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1
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Received 7-30-49

Laclede County Health Unit

File No. 2-89-102

Date Filed AUG 1 1949

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
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.