

FILED JUL 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24491BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Farmington</u> <u>RURAL</u> <u>St. Francois</u>		c. LENGTH OF STAY (in this place) <u>25</u> <u>das.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>H.</u> c. (Last) <u>PEASE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1950</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>Jan. 4, 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician (M.D.)</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carey Mills, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Pease</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Estelle Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Melissa Hunter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Army - Peace time-1906</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease, With congestive heart failure - -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrosclerosis - - - - -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown.</u> <u>4200</u> <u>Unknown.</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>May 23, 19 50</u> to <u>June 17, 19 50</u> , that I last saw the deceased alive on <u>June 17, 19 50</u> , and that death occurred at <u>1:25A. m.,</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Chas. C. Breinin M.D.</u>			23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>6-17-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carrollton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>July 19, 1950</u>	REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Home, Dexter, Missouri</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

940
27

~~District File Number~~
District Health Officer No. 2
RECEIVED
JUL 11 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

C. H. Cozcan

Licensed Embalmer No. *4084*

P. O. Address *Farmington, 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.