

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30910**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **334**

537

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon	c. LENGTH OF STAY (In this place) 4 mo	c. CITY (If outside corporate limits, write RURAL and give township) Lebanon mo 1532	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital		d. STREET ADDRESS (If rural, give location) 433 Jefferson	
3. NAME OF DECEASED (Type or Print) a. (First) Jiva b. (Middle) Todd c. (Last) Pector		4. DATE OF DEATH (Month) (Day) (Year) Sept 4 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 2 1872
9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone Co. mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nathan Chase	
13b. MOTHER'S MAIDEN NAME Cynthia A. Allen		14. NAME OF HUSBAND OR WIFE Sam Pector	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 100-1-10000	
17. INFORMANT'S SIGNATURE OR NAME Mary E. Olson		ADDRESS Lebanon mo	
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) Lumbar spinal fracture ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fell from a railway DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH 21		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.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lebanon Laclede Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from railway	
22. I hereby certify that I attended the deceased from 9-4 , 1950, to 9-4 , 1950, that I last saw the deceased alive on 9-4 , 1950, and that death occurred at 12:00 PM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. E. Fanello M.D.		23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 9-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/7/50	24c. NAME OF CEMETERY OR CREMATORY Woodson	24d. LOCATION (City, town, or county) (State) Laclede mo
DATE REC'D BY LOCAL REG. 9-7-1950	REGISTRAR'S SIGNATURE Hella L. May	25. FUNERAL DIRECTOR'S SIGNATURE Palmer	ADDRESS Lebanon mo

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

SEP 1 1950

Received

Laclede County Health Unit

File No. 9-50-138

Date Filed SEP 19 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *L. P. Palmer*

Licensed Embalmer No. 2208

P. O. Address *L. Palmer*

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.