

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

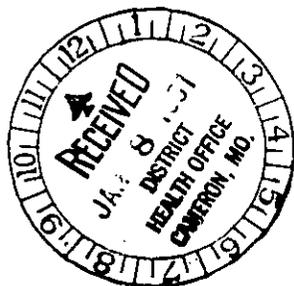
State File No. 41782

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4428</u>		Registrar's No. <u>96-</u>			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>		0890			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>John</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Pepper</u>		
4. DATE OF DEATH (Month) (Day) (Year)			Dec. 25, 50						
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>Dec. 16-76</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Platte Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>John Pepper</u>			13b. MOTHER'S MAIDEN NAME <u>Liza Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Wardie Ann Miller</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. John C. Pepper Weston, Mo.</u>					
18. CAUSE OF DEATH									
Enter only one cause per line for (a), (b), and (c)									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro-intestinal hemorrhage</u>									
INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>									
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.									
ANTECEDENT CAUSES									
DUE TO (b) <u>Carcinoma of stomach</u>									
DUE TO (c) <u>Ulcer of stomach ???</u>									
II. OTHER SIGNIFICANT CONDITIONS									
Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXX</u>									
19a. DATE OF OPERATION <u>XXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX XXXX XXXX</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXXX</u>					
22. I hereby certify that I attended the deceased from <u>Oct. 1, 50</u> 19 <u>50</u> , to <u>Dec. 25,</u> 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>50</u> and that death occurred at <u>12:30 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Lewis C. Calvert M.D.</u>				23b. ADDRESS <u>Weston Mo.</u>		23c. DATE SIGNED <u>12-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>PLATTE CO. MO.</u>			
DATE REC'D BY LOCAL REG. <u>12-26-50</u>		REGISTRAR'S SIGNATURE <u>Phelia Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>257 VAUGHAN FUNERAL HOME WESTON</u>		ADDRESS <u>WESTON</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

830



NOV 8 1956

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

W. B. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Weston, 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.