

No. 300
10-48

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9598

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN Louisiana
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Pike
c. CITY OR TOWN Bowling Green 0820
d. STREET ADDRESS (If rural, give location) 920 West Main

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph b. (Middle) William c. (Last) Templeton

4. DATE OF DEATH (Month) (Day) (Year)
OF March 31, 1951

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3

8. DATE OF BIRTH Jan. 31, 1873

9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months 2 Day 0
IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Section C & A Railroad

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pittsfield, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas G. Templeton

13b. MOTHER'S MAIDEN NAME Mary Ellen Cunningham

14. NAME OF HUSBAND OR WIFE Emma Pence

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Jessie E. Smith, Pittsfield, Ill.

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) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pyelonephritis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 wk
5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)
6000

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 1949 to 3-31, 1951, that I last saw the deceased alive on 3-30, 1951, and that death occurred at 9:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. W. Lemellen D. M.D.

23b. ADDRESS Louisiana, Mo.

23c. DATE SIGNED 3.31-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/2/51

24c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery

24d. LOCATION (City, town, or county) (State) Pike County, Mo.

DATE REC'D BY LOCAL REG. March 31, 1951

REGISTRAR'S SIGNATURE Bernice Callier

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George O. Nagel Louisiana, Mo.

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

Date Received: **APR 7 1951**
DISTRICT HEALTH OFFICE #2
District File Number **4-57-674**
Date Filed: **APR 7 1951**

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, ~~XXX~~.....

~~Working under my personal supervision.~~.....

~~XXXXXXXXXXXX~~.....

Signed.....
Student Embalmer

Signed

George O. Wagner

Licensed Embalmer No. **3773**

P. O. Address **Louisiana, 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.