

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14579

State File No. _____

1003

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. _____

Registrar's No. 3032

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|---|---------------------------|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 3032 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS | | 2209 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp | | | | d. STREET ADDRESS (If rural, give location) 20 1514 N 25TH ST. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) NATHAN c. (Last) PEASE | | | 4. DATE OF DEATH (Month) (Day) (Year) MAR 31 1951 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH APR 12 1894 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Kentucky | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME James Pease | | 13b. MOTHER'S MAIDEN NAME Margaret Hill | | 14. NAME OF HUSBAND OR WIFE Barbara Pease | | | |
| 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 Barbara Pease ADDRESS _____ | | | |
| 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric hemorrhage DUE TO (c) Acute Gastritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 543X | |
| 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30A m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or Print) Patrick E. Taylor | | | | 23b. ADDRESS 1300 Clair | | 23c. DATE SIGNED APR 17 1951 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE April 2, 1951 | 24c. NAME OF CEMETERY OR CREMATORY gpk Town | | 24d. LOCATION (City, town, or county) (State) Kennett MO | | |
| DATE REC'D BY LOCAL REG. APR 2 | | REGISTRAR'S SIGNATURE J. B. Casater | | 25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell | | | |

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

66112

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.....

me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Lloyd Russell

Licensed Embalmer No. *509 Ark*

P. O. Address.....

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.

John D. ...