

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40521**

FILED DEC 10 1951
 BIRTH NO. _____ REG. DIST. NO. **365** PRIMARY REG. DIST. NO. **6239** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bellevue		c. LENGTH OF STAY (in this place) 7 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mi. south of Caledonia		d. STREET ADDRESS (If rural, give location) 1 mi. S. of Caledonia	

3. NAME OF DECEASED (Type or Print) a. (First) CEESTIA	b. (Middle)	c. (Last) PEPPERS	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1951
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5. SEX fem /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Aug. 22 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR (Month) (Day) 2 14	IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Bismarck Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jack Devine	13b. MOTHER'S MAIDEN NAME Nancy Jane Wyatt	14. NAME OF HUSBAND OR WIFE Ben Peppers
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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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben Peppers, Caledonia Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc.* It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteria sclerosis		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1** 19**51**, to **Nov 6**, 19**51**, that I last saw the deceased alive on **Nov 2**, 19**51**, and that death occurred at **11.45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul W. Hoffmann	23b. ADDRESS Bismarck Mo	23c. DATE SIGNED 11-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-8-51	24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.	24d. LOCATION (City, town, or county) (State) Caledonia Mo.
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DATE REC'D BY LOCAL REG. 12.3-51	REGISTRAR'S SIGNATURE Ella D. White	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Trenton Mo.
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WRITE PLAINLY---USING UNFADING BLACK INK---MAKE A PERMANENT RECORD

1100
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1100

RECEIVED

DEC 7 1901

WASH. COUNTY HEALTH

File No. 1251-26

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 Lucy White.....

Licensed Embalmer No.

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.