

X  
S. No. 300  
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41346

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY _____	
b. CITY OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>W.S. Co, End. Inf. Trng Regt</u> <u>8040</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Camp Pendleton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 East. Chery.</u>			

3. NAME OF DECEASED a. (First) <u>Harold</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Pelcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>April 8th - 30</u>		9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Botting Co. M.C.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HOT SPRINGS, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Elmer Pelcher</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Mae Austin</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes - 2-9-52 - 11-24-54 97-32-7477</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Pelcher</u> ADDRESS <u>Vernon, Mo. R.H.I.</u>	

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) <u>Laceration, Brain</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 Min</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured skull &amp; automobile accident</u> <u>2-3 Min</u>			
		DUE TO (c) <u>Car thrown upon papers</u> <u>2-3 Min</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple fractures of ribs</u> <u>2-3 Min</u> <u>injury to chest</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u> <u>E 8165</u> <u>26</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SITE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Center Vernon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-24-52</u> <u>11:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Bus-Auto Collision</u> <u>108</u>	

22. I hereby certify that I attended the deceased from 10:30 AM to 11:00 AM, that I last saw the deceased at hospital and that death occurred at 11:00 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Pelcher</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>11-25-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-29-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Milo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Milo, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin Ferry</u> ADDRESS <u>1451 E. Chery Nevada Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-25-52</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin Ferry</u> ADDRESS <u>1451 E. Chery Nevada Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1082

7961 1 1952

1952 DEC 3 11 09 AM

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 Percy F. Milster  
Licensed Embalmer No. 4805

P. O. Address Nevada, 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.