

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**4675**

State File No. ....

5. No. 900  
v. 10. 48

**FILED JAN 27 1953**

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Midway Grove, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Norwood, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1140</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas J.</u> b. (Middle) _____ c. (Last) <u>Pasley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1953</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, BLORCED (Specify)	8. DATE OF BIRTH <u>Mar 5, 1895</u>		9. AGE (In years last birthday) <u>57</u>   <u>10</u>   <u>3</u>		10. HOURS   MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Douglas Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John B. Pasley</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Jane Irwin</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Pasley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earnie Pasley</u>				ADDRESS <u>Norwood, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <u>12-26-52</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stipiticus Epilepticus</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Tuberema</u>				
				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"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>12-26</u> , 1952, to <u>1-8</u> , 1953, that I last saw the deceased alive on <u>1-7</u> , 1953, and that death occurred at <u>5<sup>00</sup>A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Ell Lamm</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Maestran, Genl. M.</u>		23c. DATE SIGNED <u>Jan 11-1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Petherford</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-12-53</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shable-Windl</u>				ADDRESS <u>Midway Grove, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

1141

WRIGHT CO. HEALTH DEP.  
County File Number 183-14  
Date Filed 1-24-83

**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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wm Glover, 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.