

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42207**

FILED DEC 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Qulin, Rural,</b>	
c. LENGTH OF STAY (in this place) <b>8 Days</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Hamilton</b>	c. (Last) <b>Pease</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Dec. 5, 1953</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 19, 1882</b>	9. AGE (In years last birthday) <b>71</b>	10. UNDER 1 YEAR Months <b>1</b> Days <b>16</b>	11. UNDER 1 HR. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Clarence Pease</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Goffman</b>	14. NAME OF HUSBAND OR WIFE <b>Mabel Pease</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Pease</b>	ADDRESS <b>Qulin, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerotic heart disease</b> DUE TO (c) <b>General arterio sclerosis</b>		
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 <b>4200</b>	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) (Min.)	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 **11-27, 1953**, to **12-5, 1953**, that I last saw the deceased alive on **12-5, 1953**, and that death occurred at **10:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harden O. Henrickson M.D.</b>	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>12-11-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 7, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Corning Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Corning, Arkansas</b>
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DATE REC'D BY LOCAL REG. <b>12/18/53</b>	REGISTRAR'S SIGNATURE <b>H. H. Mitchell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>RUSSELL-ERMERT FUN. HOME, CORNING, ARK.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED  
DEC 21 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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

Richard C. Ermer

Licensed Embalmer No.

872

P. O. Address

Corning, Ark.

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.