

FILED JAN 7 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44946**

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WARRENTON</u>	c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u> <u>0361</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KATIE JANE MEMORIAL HOME</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>ADOLPH</u> c. (Last) <u>PEHLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 15 - 53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIAGE HISTORY <u>WIDOWED</u> (Specify)	8. DATE OF BIRTH <u>5-24-66</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>NEW HAVEN, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHAS. PEHLE</u>	
13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Pehle Union, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis HT basis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Dec 11, 1963</u> , to <u>Dec 15, 1962</u> , that I last saw the deceased alive on <u>Dec 11, 1952</u> , and that death occurred at <u>5:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Spalding H. H. H. H.</u>		23b. ADDRESS <u>Union, Mo.</u>	
23c. DATE SIGNED <u>12-17-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	
24d. LOCATION (City, town, or county) (State) <u>Union Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Ottman Union, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-53</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	

10904

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

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 E. P. Ottmann.....

Licensed Embalmer No. 1686.....

P. O. Address Union 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.