

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

State File No. **5798**

BIRTH NO. **FILED FEB 16 1954** REG. DIST. NO. **0701** PRIMARY REG. DIST. NO. **4450** Registrar's No. **418**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY RIPLEY.		a. STATE MISSOURI. b. COUNTY RIPLEY.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN.	
c. LENGTH OF STAY (in this place) 8 DAYS.		d. STREET ADDRESS (If rural, give location) 406 PINE STREET.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 406 PINE STREET.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) RUTH	b. (Middle) EVELYN	c. (Last) PELHAM.	JAN. 18, 1954			

5. SEX FEMALE.	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH AUG. 23, 1904	9. AGE (In years last birthday) 49.	IF UNDER 1 YEAR Months 4. Days 21.	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK.	11. BIRTHPLACE (State or foreign country) PINE BLUFF, ARKANSAS.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EDWARD WILLIAMS.	13b. MOTHER'S MAIDEN NAME UNKNOWN.	14. NAME OF HUSBAND OR WIFE ARTHUR S. PELHAM.
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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. NONE.	17. INFORMANT'S SIGNATURE OR NAME William S. Pelham	ADDRESS Doniphan, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DEATH WITHOUT MEDICAL ATTENDANCE.		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			

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) 7955
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray Meadors, Coroner	23b. ADDRESS Doniphan, Missouri	23c. DATE SIGNED 1/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEMETERY	24d. LOCATION (City, town, or county) (State) DONIPHAN, MISSOURI.
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DATE REC'D BY LOCAL REG. 1-21-54	REGISTRAR'S SIGNATURE W. Johnston	25. FUNERAL DIRECTOR'S SIGNATURE Ray Meadors	ADDRESS Doniphan, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

910

6.300
0.48

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 Ray Measor

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.