

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8329**FILED MAR 22 1954
BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5467** Registrar's No. **294**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene <i>1390</i>	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Robberson		c. CITY OR TOWN Rural Robberson	
c. LENGTH OF STAY (In this place)		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brighton RFD#1		e. STREET ADDRESS (If rural, give location) Brighton RFD#1	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY b. (Middle) WARREN c. (Last) PEGRAM		4. DATE OF DEATH March 18, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 17 July 1891
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 26 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Oma Pegram			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. Yes	
17. INFORMANT'S SIGNATURE OR NAME Oma Pegram		ADDRESS Brighton, Mo. RFD#1	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediately	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 XXXXXX to XXXXXX and that I look upon the deceased as alive on XXXXXX and that death occurred at 3:00A m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Etha Williamson</i>		23b. ADDRESS Greene County Court House Springfield, Missouri	
23c. DATE SIGNED 3/19/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-22-54	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 3-19-54		REGISTRAR'S SIGNATURE <i>Etha Williamson</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Blum</i>		ADDRESS Springfield, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Ogle Stone Jr*.....
Licensed Embalmer No. *411*.....
P. O. Address *Spring*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.