

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15564
Callaway

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 461

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospo		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print) Stanley A. Pamperien			4. DATE OF DEATH (Month) (Day) (Year) May 8 - 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 1 - 1932	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Ava, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chas Pamperien	13b. MOTHER'S MAIDEN NAME Jessie Sourrier	14. NAME OF HUSBAND OR WIFE -----
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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 Chas. Pamperien, Norwood Mo.	ADDRESS
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gen. Peritonitis -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcerative Colitis (non-specific) with perforation of bowel</u>		<u>1 yr</u>
		DUE TO (c) <u>Residual paralysis of bowels</u>		<u>10 yr.</u>
		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 checked="" type="checkbox"/> NO <input 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)	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 May 4, 1954, to May 8, 1954, that I last saw the deceased alive on 5/7, 1954, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray D Callaway MD</u>	(Degree or title)	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>5/8/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-10-54	24c. NAME OF CEMETERY OR CREMATORY Denlon Cem.	24d. LOCATION (City, town, or county) (State) Ava Mo.
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DATE REC'D BY LOCAL REG. 5-12-54	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Fun. Home.</u>	ADDRESS Ava, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

300
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 L. Doolie Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.