

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22543

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 54-59

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u>	c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY OR TOWN <u>Greenfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>05 90</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>222 Boisseau Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Florence</u> c. (Last) <u>Pelts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1954</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED; NEVER MARRIED? WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 29, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u> Hours <u>-</u> Min. <u>2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>James Madison Carlock</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Vaughn</u>	14. NAME OF HUSBAND OR WIFE <u>W. S. Pelts</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. L. C. Carlock, Greenfield, Mo.</u>	ADDRESS <u>Greenfield, Mo.</u>
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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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	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"/> <u>331X</u>
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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 July 24, 1954, to Aug 4, 1954, that I last saw the deceased alive on Aug 4, 1954, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Heilbrunn M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lockwood, Mo.</u>	23c. DATE SIGNED <u>8-6-1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vaughn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dade County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-6-54</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada 478</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada, Greenfield, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 8 1961

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 *J. C. Canada*.....
Licensed Embalmer No. *419*
P. O. Address *Greenfield*.....

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.