

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33462

State File No.

FILED OCT 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4215</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>11 mo</u>		c. CITY OR TOWN <u>Carthage</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PASEO NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>0493</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u>			b. (Middle) <u>May</u>		c. (Last) <u>PEPPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29, 1955</u>
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>MARCH 25, 1878</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Franklin Pelper</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Wing</u>		14. NAME OF HUSBAND OR WIFE <u>George Pepper</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>500-01-2675</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR LYLE STUCKEY 4741 Holmes K.C. 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>Carcinoma of Rectum</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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. <u>154X</u>			
19a. DATE OF OPERATION <u>APR '54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum</u>				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)		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>JUNE</u> , 1954, to <u>Sept 29, 1955</u> , that I last saw the deceased alive on <u>Sept 1</u> , 1955, and that death occurred at <u>9:40P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Marcus B. Bond</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>Sept 30 '55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-30-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fidelity Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>CARTHAGE MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>9-30-55</u>		REGISTRAR'S SIGNATURE <u>neva m. m. shah</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SON</u> ADDRESS <u>1331 South Carey Bldg. KANSAS CITY, MO.</u>			

(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 *Ellie Kessel*.....

Licensed Embalmer No. *469*

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