

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37627**BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4370** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Clearmont		c. LENGTH OF STAY (in this place) 52 years	c. CITY OR TOWN Clearmont
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3 1/2 miles northeast	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID	b. (Middle) ELMER	c. (Last) PENCE	4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/13/73
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Park Co. Indiana
10b. KIND OF BUSINESS OR INDUSTRY Own account		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Pence	13b. MOTHER'S MAIDEN NAME Margaret Cook	14. NAME OF HUSBAND OR WIFE Eva Farrens Pence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer Pence, Clearmont, Mo.

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) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis		
	DUE TO (c) None		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None 153x		

19. DATE OF OPERATION July 15, 1955	19b. MAJOR FINDINGS OF OPERATION Carcinomatosis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Accident	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 **3/3**, 19**55**, to **Nov. 21**, 19**55**, that I last saw the deceased alive on **11/15**, 19**55**, and that death occurred at **10:30P.** m., from the cause and on the date stated above.

23a. SIGNATURE D. B. Bland	(Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 12-1-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/23/55	24c. NAME OF CEMETERY OR CREMATORY Clearmont	24d. LOCATION (City, town, or county) (State) Clearmont, Missouri
DATE REC'D BY LOCAL REG. 12-3-55	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 26 1958

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 *John W. Price*.....

Licensed Embalmer No. *421*.....

P. O. Address *Maryville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.