

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2272

FILED JAN 23 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Colorado b. COUNTY ?			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (in this place) 12 Hrs		c. CITY OR TOWN Mountain		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL				e. STREET ADDRESS (If rural, give location) 405 S			
3. NAME OF DECEASED (Type or Print) MAT			a. (First) _____ b. (Middle) _____ c. (Last) PEMBERTON			4. DATE OF DEATH Jan. 19, 1956 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1882		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Brumley, Missouri		12. CITIZEN OF WHAT COUNTRY? C	
13a. FATHER'S NAME Thomas E. Pemberton			13b. MOTHER'S MAIDEN NAME Clementine Coffee		14. NAME OF HUSBAND OR WIFE Ida Mae Steen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ***** not obtainable		17. INFORMANT'S SIGNATURE OR NAME 10 Calvert Oral Pemberton, Colorado Springs, ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION Colorado INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis, generalized, acute				48 hrs.			
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Appendicitis, gangrenous 48 hrs.			
DUE TO (c) Obstipation				72 hrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Prostatic Obstruction (incomplete) 1 year plus			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		5501		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 JAN. 17, 1956 to JAN. 19, 1956 , that I last saw the deceased alive on JAN. 19, 1956 , and that death occurred at 11:35 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE E. Shroeder, M.D. (Degree or title)				23b. ADDRESS Warsaw, Mo.		23c. DATE SIGNED 1-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/21/56	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Colorado Springs, Colo.		
DATE REC'D BY LOCAL REG. 1-21-56		REGISTRAR'S SIGNATURE Laura Boone		25. FEDERAL DIRECTOR'S SIGNATURE Francis Calvert		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1956

FEB 21 1956

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 *P. E. Baker*.....

Licensed Embalmer No. *9419*

P. O. Address *Sedalia*.....

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.