

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5608

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2044 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>	c. LENGTH OF STAY in this place <u>18 mos.</u>	c. CITY OR TOWN <u>FREDERICKTOWN</u>	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 <u>212 N. MAIN ST.</u>		STREET ADDRESS (If rural, give location) <u>212 N. MAIN ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILLIE</u> b. (Middle) <u>WOMACK</u> c. (Last) <u>PEDIGO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 3, 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 19, 1883</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>
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	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. FRANCOIS Co. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN JOHNSON</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA TUCKER</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPH PEDIGO</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>MRS. TROY ALLEN - FREDERICKTOWN, MO.</u>	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		INTERVAL BETWEEN ONSET AND DEATH <u>2-12 to 3-3, 1956</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</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 <u>H91X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Feb 12, 1956, to Mar 1, 1956, that I last saw the deceased alive on Mar 1, 1956, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

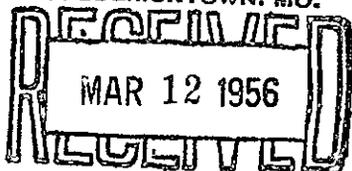
23a. SIGNATURE (Degree or title) <u>Geo. W. Johnson D.O.</u>	23b. ADDRESS <u>Fredericktown Mo.</u>	23c. DATE SIGNED <u>3/5/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOMACK METHODIST CH.</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE Co. MO.</u>
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DATE REC'D BY LOCAL REG. <u>3-5-1956</u>	REGISTRAR'S SIGNATURE <u>Spencer Lucks 187-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>V. Adamson - FREDERICKTOWN, MO.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 356-9

MAR 16 1956

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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. Adams

Licensed Embalmer No. 4357

P. O. Address FREDERICKTOWN

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.