

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13832

State File No.

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>70</u>		
1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Lebanon</u>) c. LENGTH OF STAY (in this place township) <u>24 Hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY OR TOWN <u>Lebanon</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>653 N. Adams</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Eliz abeth</u> c. (Last) <u>Pease</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1956</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 15, 1886</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Min.		
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>Rockford, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Ephriam Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Susana Dawson</u>		14. NAME OF HUSBAND OR WIFE <u>John M. Pease</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Pease</u>		ADDRESS <u>653 N. Adams - LEBANON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</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.			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) m.		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>4-11, 1956 to 4-15, 1956</u> , that I last saw the deceased alive on <u>4-15, 1956</u> and that death occurred at <u>9:00 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B. B. Hurst, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>4-17-56</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hough Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Oakland Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-24-56</u>		REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u>		ADDRESS <u>Lebanon, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Received 4-23-56

Laclede County Health Unit

File No. 70

Date Filed 4-23-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

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