

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35189**

FILED OCT 30 1956

BIRTH NO. 724 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 371

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Francois Twp.</u>		c. LENGTH OF STAY (in this place) <u>1 M, 10 das</u>	c. CITY OR TOWN <u>Crocker</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>State Hospital #4, Farmington</u>			e. STREET ADDRESS (If rural, give location) <u>090 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>Pemberton</u> c. (Last) <u>Pemberton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 3, 1878</u>	9. AGE (In years) (Month) (Day) <u>77</u> <u>10</u> <u>14</u>	IF UNDER 1 YEAR <u>14</u>	IF UNDER 24 HRS. <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iberia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Louis Pemberton</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Jane Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Pemberton</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hosp. #4, Farmington, Mo.</u>		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 das.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease and Coronary sclerosis</u>				<u>Unknown.</u>	
DUE TO (c) <u>Psychosis with cerebral arteriosclerosis.</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.0</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>Sept. 7, 1956</u> , to <u>Oct. 17, 1956</u> , that I last saw the deceased alive on <u>Oct. 17, 1956</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>John W. Brennan, MD</u>			23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>10-18-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/19/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkins Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miller Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 18, 1956</u>		REGISTRAR'S SIGNATURE <u>Catherine Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>		ADDRESS <u>Hedges Funeral Home Iberia, Mo.</u>

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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..... *Walter P. Nease*

Licensed Embalmer No. *426*

P. O. Address *Jerri, 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.