

Health,
Welfare
Public
Service

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3000

FILED FEB 4 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 727 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>OSAWATOMIE 8150</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. PAC. EMP. HOSP. ASSN.</u>		d. STREET ADDRESS (If outside, give location) <u>317 EAST PACIFIC</u>	

3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>KNOX</u> Last <u>PEPPER</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>22</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 9, 1919</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRAKEMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and state or country) <u>QUINCY, ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13. FATHER'S NAME <u>SAMUEL P. PEPPER</u>			14. MOTHER'S MAIDEN NAME <u>JOAN A. SKIDMORE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT Address <u>WILLIS BIRCHARD, OSAWATOMIE KANSAS</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>lobar pneumonia, right lower</u> <u>Arterio-Sclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>490XH</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>1 month several years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Carcinoma of Bladder</u>		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JAN. 10, 1957 to JAN. 22, 1957 and last saw him alive on JAN. 22, 1957
Death occurred at 7:05 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clement Sullivan R.D. 22b. ADDRESS Mo Pac Hosp Assn. 22c. DATE SIGNED 1-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <u>OSAWATOMIE, KANS</u>
24. FUNERAL DIRECTOR ADDRESS <u>FLORISSANT MORTUARY, FLORISSANT MO.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 23 '57</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 4 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Gene A. Hutchins*

Licensed Embalmer No. 49

P. O. Address Floriss Ave

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