

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19828

STATE FILE NUMBER

FILED MAY 27 1957

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MILAN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MILAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SULL. CO. MEM. H.			Length of stay in lb 1 wk	d. STREET ADDRESS (If outside, give location) 1050			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) WILLIAM T. PARDEE				First	Middle	Last	4. DATE OF DEATH Month 5 Day 18 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-18-1871		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 1 Days 0	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY R.R. Conductor	11. BIRTHPLACE (City and state or country) Douglas Co. Kans		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Wm Pardee				14. MOTHER'S MAIDEN NAME Missouri Tyer				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Ann Pardee		Address Milan Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia							INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause. (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic myocarditis					19. WAS AUTOPSY PERFORMED? 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 5-11-57 to 5-18-57 and last saw her alive on 5-18-57 Death occurred at 1:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE V. Robinson (Degree or title) D.O.				22b. ADDRESS Milan Mo.		22c. DATE SIGNED 5-18-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-20-57	23c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.		23d. LOCATION (City, town, or county) Milan		(State) Mo		
24. FUNERAL DIRECTOR Scheneck's Oughth Scheneck		ADDRESS Milan Mo	25. DATE RECD. BY LOCAL REG. 5-21-57		26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 7 1957

JUN 21 1957

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 *Dwight Schoene*

Licensed Embalmer No. *264*

P. O. Address *Milwaukee, Wis.*

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.