

FILED OCT 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

352772

STATE FILE NUMBER

Registration District No. 96 Primary Registration District No. 5349 Registrar's No. 82S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>DALLAS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jasper</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Jasper</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windyville, Mo.</u>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Windyville, Mo.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>Ethel</u> Last <u>Peppers</u>				4. DATE OF DEATH Month <u>OCT.</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 4, 1899</u>		9. AGE (In years last birthday) <u>58</u>	10. UNDER 1 YEAR Months <u>2</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 <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Dallas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Thomas Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Sherman Peppers</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 <u>Sherman Peppers Windyville, Mo.</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>Carcinoma of liver</u>						INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
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) _____						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.) <u>1561</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1561</u>				
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____				
21. I attended the deceased from <u>9-1-57</u> to <u>10-15-57</u> and last saw her alive on <u>10-10-57</u> Death occurred at <u>4:20</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>D. O. Jannan M.D.</u> (Degree or title)				22b. ADDRESS <u>Buffalo</u>		22c. DATE SIGNED <u>10-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-17/1957</u>	23c. NAME OF CEMETERY OR CREMATORY. <u>Peppers Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>		
24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u>			ADDRESS <u>Buffalona</u>	25. DATE RECD. BY LOCAL REG. <u>10/21/57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Grace Petree</u> <u>lyda</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Disease, cancer, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Elyde Montgomery* .....

Licensed Embalmer No. ....  
P. O. Address .....

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.