

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017028
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Shelb Mo. b. COUNTY Shelby		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Shelbina 1020		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----		Length of stay in 1b 35 yrs	d. STREET ADDRESS (If outside, give location) -----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James Aubrey Pemberton			4. DATE OF DEATH Month Day Year May 1, 1958		
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7, 1894	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 64 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Butcher	11. BIRTHPLACE (City and state or country) Macon Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Pemberton		13b. MOTHER'S MAIDEN NAME Mary E. Miles		14. NAME OF HUSBAND OR WIFE Marion Pemberton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 493-07-1067	17. INFORMANT Address Mrs. James Pemberton Shelbina 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) Acute Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____					4201
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 1954 to May 1958 and last saw ^{him} alive on April 6, 1958 Death occurred at _____ to _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Chas A. Wright MD		22b. ADDRESS Shelbina Mo		22c. DATE SIGNED 5/2/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-3-58	23c. NAME OF CEMETERY OR CREMATORY Shelbina IOOF Cemetery		23d. LOCATION (City, town, or county) (State) Shelbina, Missouri	
24. FUNERAL DIRECTOR Barkewlew & Davis Funeral Service		ADDRESS Shelbina, Missouri		25. DATE RECD. BY LOCAL REG. May 2-58	26. REGISTRAR'S SIGNATURE Ada Garrison

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 19 1959

MAY 13 1958

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 byJohn F. Byrd....., Student Embalmer No. ...554..... working under my personal supervision.

Student John F. Byrd
Signature of Student Embalmer

Signed Henry A. Barkeler
Licensed Embalmer No. 3835
P. O. Address Shepherd, W. Va.

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.