

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012232

STATE FILE NUMBER

FILED MAY 14 1959

Registration District No. _____

13

Primary Registration District No. _____

3003

Registrar's No. _____

71

300
-57

0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wentworth
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hospital		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) None
3. NAME OF DECEASED (Type or print) First Middle Last Wesley Edwin Pelsue			4. DATE OF DEATH Month Day Year 4 27 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/26/1897
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Merchandise	11. BIRTHPLACE (City and state or country) Sarcoxis, Mo
13a. FATHER'S NAME George Pelsue		13b. MOTHER'S MAIDEN NAME Hattie Stotts	14. NAME OF HUSBAND OR WIFE Agnes Pelsue
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, specify dates of service) Yes		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address Mrs. Wesley Edwin Pelsue Wentworth, 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 myocardial infarction DUE TO (b) arteriosclerotic heart dis DUE TO (c) Gen Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Chr Pulmonary emphysema			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 mo 6 mo ?
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200	
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 Death occurred at 3-22-59 to 4-27-59 and last saw her alive on 4-27-59 at 6:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. Edwards Moore (Degree or title)		22b. ADDRESS Mo Sarcoxis, Mo	
22c. DATE SIGNED 5-5-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/30/1959	23c. NAME OF CEMETERY OR CREMATORY Sarcoxis Cemetery	23d. LOCATION (City, town, or country) (State) Sarcoxis, Mo.
24. FUNERAL DIRECTOR ADDRESS Tom J. Wessell Pierce City, Mo.		25. DATE RECD. BY LOCAL REG. 5-6-59	26. REGISTRAR'S SIGNATURE Thos P.N. Cook

MAY 22 1954

MAY 27 1959

DATE REC. 5-12-51

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 *R. Gordon Bennett*

Licensed Embalmer No. *4213*

P. O. Address *Mount Pleasant*

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.