

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034658

FILED OCT 13 1959

Registration District No. **317** Primary Registration District No. **546** Registrar's No. **2676** STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, give TOWNSHIP only) Overland	a. STATE Mo.	b. COUNTY St. Louis
Length of stay in 1b 5 years		c. CITY OR TOWN Overland	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2313 Woodson Road		d. STREET ADDRESS 2313 Woodson Road	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First George	Middle Lincoln	Last PENCE	Month October	Day 8,	Year 1959
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 3-18-1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Warren County, Indiana	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Pence		13b. MOTHER'S MAIDEN NAME Catherine Nodurft Loyd		14. NAME OF HUSBAND OR WIFE Martha Flesher Pence	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Dr. C.B. Holman 2313 Woodson Road		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Thrombosis of cerebral artery		10 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	Uncertain
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardiovascular disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 a.m. p.m. Month, Day, Year	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 **11-16-56** **to** **10-8-59** **and last saw** ~~him~~ **alive on** **10-3-59**
Death occurred at **9:45 A.M.** **m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G.O. Brown Sr. M.D. (G.O. Brown, Sr., M.D.)	22b. ADDRESS 1325 South Grand Blvd.	22c. DATE SIGNED 10/8/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-10-1959	23c. NAME OF CEMETERY OR CREMATORY W. Lebanon
23d. LOCATION (City, town, or county) W. Lebanon		(State) Indiana

24. FUNERAL DIRECTOR Ortmann Funeral Home	ADDRESS 9222 Lackland	25. DATE RECD. BY LOCAL REG. 10-8-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS. SEP 19 1960

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 Al C. Ostmann

Licensed Embalmer No. 3478

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.