

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029322

FILED VS JUL 22 1960 No. 333 Primary Registration District No. 6117 Registrar's No. 172

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <i>Scott</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Commerce</i> | Length of stay in 1b <i>lif</i> | c. CITY OR TOWN <i>Commerce</i> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>at home</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>_____</i> |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <i>MORA FRANCIS PELL</i> | 4. DATE OF DEATH Month Day Year <i>July 9, 1960</i> |
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| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>Feb 23, 1892</i> | 9. AGE (last birthday) <i>68</i> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cabinet Maker</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Retail Farm</i> | 11. BIRTHPLACE (City and state or country) <i>Commerce Mo</i> | 12. CITIZEN OF WHAT COUNTRY <i>USA.</i> |
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| 13a. FATHER'S NAME <i>Joseph Pell</i> | 13b. MOTHER'S MAIDEN NAME <i>Nora Truman</i> | 14. NAME OF HUSBAND OR WIFE <i>Ruth Smith Pell</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> | 16. SOCIAL SECURITY NO. <i>440-14-1887</i> | 17. INFORMANT <i>Mrs Ruth Pell Illinois Mo</i> | Address <i>_____</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i> |
| DUE TO (b) <i>Arteriosclerotic heart disease</i> | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 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.) |
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| 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 |
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| 21. I attended the deceased from <i>July 5th 1960</i> to <i>July 5th 1960</i> and last saw her alive on <i>July 5th</i> . Death occurred at <i>2:10 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <i>Marshall June W. D. Illinois Mo</i> | 22b. ADDRESS <i>_____</i> | 22c. DATE SIGNED <i>7/11/60</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>7/11/60</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Catholic Cen</i> | 23d. LOCATION (City, town, or county) <i>Commerce Missouri</i> |
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| 24. FUNERAL DIRECTOR <i>BISPLINGHOFF FUNERAL HOME</i> | 25. DATE RECD. BY LOCAL REG. <i>7-13-60</i> | 26. REGISTRAR'S SIGNATURE <i>Mrs. Ellen Hunter</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Olivia Plummer

Licensed Embalmer No. 4470

P. O. Address Illus, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.