SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-012393
STATE FILE NUMBER

AMENDED

Registration District No. 373 Primary Registration District No. 6265 Registrar's No. 210

FILED APR 4 1961

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GRANT TWP — Length of stay in 1b: 5 Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORTHVIEW REST HOME — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY WEBSTER
c. CITY OR TOWN NORTHVIEW — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2mi EAST — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ROY Middle Last PEPPER
4. DATE OF DEATH Month MAR Day 21 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-18-1882
9. AGE (last birthday) 78
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) RET FARMER
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) IOWA
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME JAMES PEPPER
13b. MOTHER'S MAIDEN NAME ELLA NELSON
14. NAME OF ~~HUSBAND OR~~ WIFE JEAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT JEAN PEPPER Address NORTHVIEW

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). FROM History.
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchial Pneumonia	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Vascular Accident	3 months
DUE TO (c)	Generalized Arteriosclerosis, advanced	20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): advanced Rheumatoid Arthritis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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. 15. 1953, to April. 1960 and last saw ~~her~~ him alive on March 21, 1960
Death occurred at 10:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. MacDonnell MD.
22b. ADDRESS Marshfield, Mo.
22c. DATE SIGNED 22 Mar 61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-24-1961
23c. NAME OF CEMETERY OR CREMATORY WELCH
23d. LOCATION (City, town, or county) (State) WEBSTER Co Mo
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD
25. DATE RECD. BY LOCAL REG. 3-29-61
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

APR 5 1961

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 George S. Stapp

Licensed Embalmer No. 3161

P. O. Address Mtn. Grove

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.