

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038526

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 176

VS 300  
Rev. 4/59

10465  
20465

3  
4 0  
5 1  
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7 0  
8 2  
9 1810  
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12 90-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <del>FILED</del> <b>OCT 22 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Howell</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Howell</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>West Plains</b>		c. CITY OR TOWN <b>West Plains</b>	
Length of stay in 1b <b>2 years</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>816 Nichols Drive</b>		d. STREET ADDRESS (If outside, give location) <b>816 Nichols Drive</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>Robert</b>	Middle <b>Miles</b>	Last <b>Pease</b>	Month <b>October</b> Day <b>17</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/28/1900</b>
9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mill Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Flour Mill Management</b>	11. BIRTHPLACE (City and state or country) <b>West Plains, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Clinton M. Pease</b>	
13b. MOTHER'S MAIDEN NAME <b>Sidney Moore</b>		14. NAME OF HUSBAND OR WIFE <b>Jean Catron Pease</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW I - US Navy</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Robert M. Pease, Jr., West Plains, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Metastatic carcinoma of lung</b>			<b>3 mos</b>
DUE TO (b) <b>Carcinoma Ovary</b>			<b>30 mos</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Primary carcinoma bladder</b>			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
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 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 <b>1961</b> to <b>10/17/62</b> and last saw <sup>her</sup> him alive on <b>10/17/62</b>		Death occurred at <b>9:30 AM</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE <b>M. L. Fowler</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>West Plains Mo</b>	22c. DATE SIGNED <b>10/19/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/19/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>West Plains, Missouri</b>
24. FUNERAL DIRECTOR <b>Carter Funeral Home, West Plains, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-19-62</b>	26. REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>

NOV 1 1962

**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 *Richard Carter*

Licensed Embalmer No. 4516

P. O. Address *West Plains, Mo*

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.