

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15508

State File No. _____

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 56

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Wyatt
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
No street number
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community All of life
years, months or days

3. (a) PRINT FULL NAME Charles Wesley Pavey

3. (b) If veteran, name war X X X

3. (c) Social Security No. X X X

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X X X

6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased Sept. 26 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>	<u>6</u>	<u>14</u>	hr. _____ min.

9. Birthplace Wyatt Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Automobile

12. Name John Wesley Pavey

13. Birthplace Marion Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Claudie Wise

15. Birthplace Taylor County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John W. Pavey

(b) Address Wyatt, Missouri.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4-11-40
(Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service
Charleston, Mo.

(b) Address _____

19. (a) 4-12-40 (Date received local registrar)

(b) F. J. Starnon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Mississippi

(c) City or town Wyatt
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th.
year 1940 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from Mich
18 1940 to April 10 1940
that I last saw him alive on April 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions 73
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

715
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. C. Pisonell (M. D. or other) _____
Address Charleston Mo Date signed 4-10-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 540-982

Date Filed 5/2/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John P. Hummel Jr
Licensed Embalmer No. 3851
P. O. Address Charleston 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 this body is not embalmed, above space should be left blank.