

FILED MAR 24 1949 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7300

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3.002		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (In this place) 34 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline Twp. 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mexico General Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ETHEL		b. (Middle) C.		c. (Last) PEMBERTON		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27-1949	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2		8. DATE OF BIRTH July 8-1888		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Knox County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George H Boone		13b. MOTHER'S MAIDEN NAME Ida Bell Fortis		14. NAME OF HUSBAND OR WIFE Thomas G. Pemberton Sr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Tom Pemberton			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ovarian Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175A				INTERVAL BETWEEN ONSET AND DEATH 1 yr 10	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1948, to Feb. 27, 1949, that I last saw the deceased alive on Feb. 27, 1949 and that death occurred at 1:55 P.M., from the causes and on the date stated above.							
23a. SIGNATURE H. J. Westlund (Degree or title)				23b. ADDRESS Meigs Mo		23c. DATE SIGNED Mar 14 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 2-1949	24c. NAME OF CEMETERY OR CREMATORY Centralia		24d. LOCATION (City, town, or county) (State) Centralia Missouri		
DATE REC'D BY LOCAL REG. Mar 14 1949		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE James Ganss		ADDRESS Centralia Mo	

SEP 9 1949

RECEIVED
District Health Officer No
District File Number 349
Date Filed MAR 22 1949

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
Student Embalmer

Signed Marie J. Smith.....

Licensed Embalmer No. 4270.....

P. O. Address Central 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, fact should be so stated above.