

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30739**
Registrar's No. **161**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New York b. COUNTY unknown	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Randolph	
c. LENGTH OF STAY (in this place) 3 mos.		d. STREET ADDRESS (If rural, give location) unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) GREEN c. (Last) PELTON			4. DATE OF DEATH (Month) (Day) (Year) Sept 7, 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 4, 1881
9. AGE (In years last birthday) 67		10. MONTH 11	11. DAY 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Conneaut, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Cushman Pelton	
13b. MOTHER'S MAIDEN NAME Rhoada Bouten		14. NAME OF SPOUSE OR WIFE Florence Pelton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-10-5024	
17. SIGNATURE OR NAME Florence Pelton		ADDRESS East Randolph, N. Y.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) HEART CORONARY OCCLUSION *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEART CORONARY OCCLUSION ANTECEDENT CAUSES (b) Indigestion Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4-20!			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-7-49 , 19___, to 9-7-49 , 19___, that I last saw the deceased alive on 9-7-49 , 19___, and that death occurred at 4:00pm. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. E. Baker M.D. (Degree or title)		23b. ADDRESS Carthage Mo.	
23c. DATE SIGNED 9-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept 11, 1949	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 9-10-49		REGISTRAR'S SIGNATURE P. B. Cl...	
25. FUNERAL DIRECTOR'S SIGNATURE D. Knell		ADDRESS Mortuary Carthage, Mo.	

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

RECEIVED 9-20-49

Jasper County Health Office

County File Number 49-9-708

Date Filed 9-24-49

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.

Signed Robert H. Knell.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4459.....

P. O. Address Carthage.....

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.