

FILED NOV 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34102**

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>157</u> | | PRIMARY REG. DIST. NO. <u>3028</u> | | Registrar's No. <u>203</u> | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Carthage | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) Carthage | | 3 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1624 So. Garrison | | | | d. STREET ADDRESS (If rural, give location) 1624 So. Garrison | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | b. (Middle) "A" | | c. (Last) PELLEY | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1949 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 5-8-1866 | |
| 9. AGE (In years last birthday) 83 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY --- | | 11. BIRTHPLACE (State or foreign country) Lynn, Mass. | |
| 13a. FATHER'S NAME Fred Pelley | | 13b. MOTHER'S MAIDEN NAME M. Pelly | | 14. NAME OF HUSBAND OR WIFE Golda Wilkinson Pelley | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Golda W. Pelley Carthage, Mo. 1624 S. Garr. | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH Unknown | |
| 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) | | 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 <u>May</u> , 1949, to <u>Oct. 30</u> , 1949, that I last saw the deceased alive on <u>Oct. 30</u> , 1949, and that death occurred at <u>6:30p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>Paul H. Danner M.D.</i> | | | | 23b. ADDRESS Carthage, Mo. | | 23c. DATE SIGNED 11/1/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-2-49 | | 24c. NAME OF CEMETERY OR CREMATORY Avilla Cemetery | | 24d. LOCATION (City, town, or county) (State) Avilla, Mo. | |
| DATE REC'D BY LOCAL REG. 11-2-49 | | REGISTRAR'S SIGNATURE <i>L. B. Clinton M.D.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Ulmer Funeral Home Carthage, Mo. | | | |

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

*49
Danner
13*

Paul H. Ferguson (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-8-49

Jasper County Health Office

County File Number 49-16-872

Date Filed 11-9-49

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.

Student
Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 1722

P. O. Address _____

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.