

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34849**

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 385

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>94 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		e. STREET ADDRESS (If rural, give location) <u>94 1/2</u>	

3. NAME OF DECEASED (Type or Print) <u>GERTIE</u>	a. (First)	b. (Middle)	c. (Last) <u>PELTY</u>	4. DATE OF DEATH <u>OCT. 27 1949</u>
				(Month) (Day) (Year)

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>DONT KNOW</u>	9. AGE (In years last birthday) <u>ABOUT 80.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NEWS PAPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DISTRIBUTOR.</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SAMUEL PELTY</u>	13b. MOTHER'S MAIDEN NAME <u>HELENA HASS</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HERBERT MARTY</u>	ADDRESS <u>FARMINGTON MO</u>
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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) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right-sided heart failure</u>		<u>2 wks</u>
	DUE TO (c) <u>Hypertensive Cardiovascular dis.</u>		<u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma left breast</u>			<u>2 1/2 yrs</u>

19a. DATE OF OPERATION <u>3-14-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca left breast</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Farmington</u> <u>MO</u> <u>MO</u>
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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?
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22. I hereby certify that I attended the deceased from March 4, 1949, to Oct 27, 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at 4:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>George L. Watters MD</u>	(Degree or title)	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>10-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 29, 1949</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McCoze</u>	ADDRESS <u>Farmington Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-1-49

Health Officer No. 4

File Number 1149-1442

JUL 4 1952

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 C. H. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington 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.