

41506

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 27 1949

S. No. 300  
V. 10-48

65333-49

BIRTH NO. 122 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 3031 Registrar's No. 67

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1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>De Soto</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>De Soto</u>	
c. LENGTH OF STAY (In this place) <u>2 Mos.</u>		50	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 No. 2nd. Street</u>		d. STREET ADDRESS (If rural, give location) <u>218 No. 2nd. Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Peppers Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED! (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Oct. 5, 1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>2</u> Days <u>6</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>De Soto, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Paul E. Peppers Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Laverne Peebles</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>Laverne Peppers</u>	
				ADDRESS <u>DeSoto, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar (rt) Pneumonia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mal nutrition</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						490X	

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 12/3, 1949, to 12/9, 1949, that I last saw the deceased alive on 12/9, 1949, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. E. Owen, D.O.</u>		23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>12/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn</u>	
				24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12/14/49</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Nothershead</u>		ADDRESS <u>DeSoto, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED 12-20-49

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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

J. Lee Mothershead  
O

Licensed Embalmer No. 3531

P. O. Address DeSoto, Missouri

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.