

FILED APR 21 1950 STANDARD CERTIFICATE OF DEATH

State File No. 13708

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 286

0582

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

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brookfield</b>		c. LENGTH OF STAY (in this place) <b>8 yrs</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>843 Brookfield Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>843 Brookfield Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>WALKER S. PEMBERTON</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>April 12, 1950</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>July 21, 1873</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher - ret</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>State college</b>	11. BIRTHPLACE (State or foreign country) <b>Armstrong, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>William J. Pemberton</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Garner</b>	14. NAME OF HUSBAND OR WIFE <b>Ada Felt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ada Pemberton, Brookfield, Mo.</b>	ADDRESS
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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, 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) <b>Meninge</b>		<b>6 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO <b>Hypertensive Arterio Sclerosis</b>		<b>2 mo</b> <b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4 1/2 mo</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?? YES <input type="checkbox"/> NO <input 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)
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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 **Feb 1950**, to **April 12, 1950**, that I last saw the deceased alive on **April 11, 1950**, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter S. ... M.D.</b>	23b. ADDRESS <b>Brookfield Mo</b>	23c. DATE SIGNED <b>4/13/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 14, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mendon</b>	24d. LOCATION (City, town, or county) (State) <b>Mendon, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-14-50</b>	REGISTRAR'S SIGNATURE <b>W. B. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>167</b>	ADDRESS <b>Wright Funeral Home, Brookfield, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)



**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 Harold B. Wright

Licensed Embalmer No. 8718

P. O. Address Brookfield, 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.