S. No. 300
v. 10.48

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

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32306

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4473 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackburn
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South east part of town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackburn
d. STREET ADDRESS (If rural, give location): South east part of town

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): J.
c. (Last): Pelot

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10th, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 17, 1861
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 4, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Blackburn, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Francis L. Pelot
13b. MOTHER'S MAIDEN NAME: Betty Deal
14. NAME OF HUSBAND OR WIFE: Lula H. Pelot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Frank L. Pelot, Marshall, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — Interval between onset and death: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis, generalized — ?

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4221

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1959 *to* Sept 10, 1959, *that I last saw the deceased alive on* Sept 6, 1959, *and that death occurred at* 11:03A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Douglas Kelling (Degree or title) M.D.
23b. ADDRESS: Waverly Mo
23c. DATE SIGNED: 9/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 13, 1950.
24c. NAME OF CEMETERY OR CREMATORY: Blackburn cemetery
24d. LOCATION (City, town, or county) (State): Saline County, Missouri.

DATE REC'D BY LOCAL REG.: 9/15/50
REGISTRAR'S SIGNATURE: Dilly Andrew 298
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Campbell + Lewis Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-18-50
DISTRICT HEALTH OFFICE No. 3
District File Number.....
Date Filed 9-18-50

SEP 2

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~~.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed James N. Lewis Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall 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.

S. No. 300
V. 10.48

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32306

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12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Francis L. Pelot
13b. MOTHER'S MAIDEN NAME: ~~Betty Deal~~ Sarah Elizabeth Carlyle
14. NAME OF HUSBAND OR WIFE: Lula H. Pelot
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — If yes, give war or dates of service: ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Frank L. Pelot, Marshall, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

4221

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21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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DATE REC'D BY LOCAL REG.: 9/15/50
REGISTRAR'S SIGNATURE: Dilly Andrews
FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Campbell & Lewis Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Item #13b corr. by aff. from daughter - 10-28-76

7-11-78