

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27352

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5569		Registrar's No. 334	
1. PLACE OF DEATH a. COUNTY Jackson 0480 b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural) c. LENGTH OF STAY (in this place) 10 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 10800 E. Old 40 Highway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Rural d. STREET ADDRESS (If rural, give location) 10800 E. Old 40 Highway			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar		b. (Middle) G.		c. (Last) Pell		4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 9, 1895	
9. AGE (In years last birthday) 55		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used car dealer		10b. KIND OF BUSINESS OR INDUSTRY Automobiles		11. BIRTHPLACE (State or foreign country) Pattonsburg, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Pell		13b. MOTHER'S MAIDEN NAME Barbara Hoover		14. NAME OF HUSBAND OR WIFE Mrs. Ethel Pell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. 708 18 4551		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Pell, Kansas City, Mo. ADDRESS Rural			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Part Heart Trouble					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4200	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh H. Owens Coroner				23b. ADDRESS 1034 Walnut Blvd		23c. DATE SIGNED 9-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9/8/51		24c. NAME OF CEMETERY OR CREMATORY unknown		24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.	
DATE REC'D BY LOCAL REG. Sept. 8-1951		REGISTRAR'S SIGNATURE [Signature]		354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Independence, Mo.	

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

SEP 13 REC'D

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 Charles E. Schroeder

Signed.....
Student Embalmer

Licensed Embalmer No. 4741

P. O. Address Independence, 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.