

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27696

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 34

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY MONROE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE | |
| b. CITY (If outside corporate limits, write RURAL and give township) PARIS | | c. CITY (If outside corporate limits, write RURAL and give township) PARIS | |
| c. LENGTH OF STAY (In this place) 60 yrs. | | d. STREET ADDRESS (If rural, give location) 111 W. LOENST ST. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 111 W. LOENST ST. | | | |

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|---|----------------------------------|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) SALLIE | | b. (Middle) ANN | | c. (Last) PELSUE | | 4. DATE OF DEATH (Month) (Day) (Year) AUG. 21, 1951 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH OCT. 1, 1861 | | 9. AGE (In years last birthday) Months Days 89 8 20 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | | 11. BIRTHPLACE (State or foreign country) MARYLAND | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME LLOYD HERRING | | 13b. MOTHER'S MAIDEN NAME ELIZABETH SMELTZER | | 14. NAME OF HUSBAND OR WIFE CHAS. F. PELSUE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS LLOYD W. PELSUE, PARIS, Mo. | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis | | |
| | DUE TO (b) Stroke | | |
| DUE TO (c) 4221 | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 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) | | 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 **Aug 1, 1951** to **8-21, 1951**, that I last saw the deceased alive on **8-21, 1951**, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

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|--|--|-----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) Lloyd W. Pelsue, M.D. | | 23b. ADDRESS PARIS, Mo. | | 23c. DATE SIGNED 8-22-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 8-24-51 | | 24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE | |
| 24d. LOCATION (City, town, or county) (State) PARIS, Mo. | | | | | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 8-25-51 | | REGISTRAR'S SIGNATURE L. A. Barnethon, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed-Blakey, PARIS, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

690

1961 9130

Date Received: **AUG 27 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-57-1586*
Date Filed: **AUG 27 1951**

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.....
Student Embalmer

Signed *E. H. Mignaut*.....

Licensed Embalmer No. *4000*.....

P. O. Address *Paris, 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.