

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42297

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Township 0646</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>3 mi N.-W. Philadelphia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>B.</u> c. (Last) <u>Pepper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 27-1894</u>	9. AGE (In years last birthday) <u>57</u>	10. MONTHS <u>6</u>	11. DAYS <u>13</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Pepper</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Clark</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>8-9-1917 to 4-19-1918</u>	16. SOCIAL SECURITY NO. <u>8-3-1917 64-19487-30-4424</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elton R. Buell</u>	ADDRESS <u>Philadelphia Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic from liver</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	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 <input type="checkbox"/> WORK 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 June, 1950, to Dec. 10, 1951, that I last saw the deceased alive on 12-10, 1951, and that death occurred at 10:00 p. m., from the causes and on the date stated above.

23. SIGNATURE <u>Dr. C. E. Shivers D</u> (Degree or title)	23b. ADDRESS <u>Philadelphia, Mo</u>	23c. DATE SIGNED <u>12-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-13-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Philadelphia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/14/51</u>	REGISTRAR'S SIGNATURE <u>By Viola Lee, Dep. Reg.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. M. Allen</u>	ADDRESS <u>Philadelphia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 20 1951
MADISON CO. HEALTH DEPT.
DATE FILED DEC 20 1951

DEC 20 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *B M Collins*

Signed.....
Student Embalmer

Licensed Embalmer No. *2437*

P. O. Address *Philadelphia 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.