

710 JAN 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42590**  
Registrar's No. **298**

BIRTH NO.		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>298</b>	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (in this place township) <b>5 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fayette</b>		d. STREET ADDRESS (If rural, give location) <b>0 3/5 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smith Nursing Home</b>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOW</b> b. (Middle) <b>VADA</b> c. (Last) <b>PEMBERTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec-19-1951</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June-25-1895</b>	
9. AGE (In years last birthday) <b>76</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Howard County, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John McPune</b>		13b. MOTHER'S MAIDEN NAME <b>Dick</b>		14. NAME OF HUSBAND OR WIFE <b>Wm Franklin Pemberton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ralph Carr Fayette MO.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis, with dropsy</b> ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>several</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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 <b>Nov 10/51</b> , 19 <b>51</b> , to <b>Dec 19/51</b> , that I last saw the deceased alive on <b>Dec 18/51</b> , and that death occurred at <b>1000 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. L E Hobe, MD</b>				23b. ADDRESS <b>Moberly MO</b>		23c. DATE SIGNED <b>12/19/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/19/51</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Fayette MO.</b>	
DATE REC'D BY LOCAL REG. <b>Dec 19 51</b>		REGISTRAR'S SIGNATURE <b>Leahle Weaver</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Snow Funeral Home Moberly MO</b>			

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

Date Received: DEC 27 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 12-51-232  
Date Filed: DEC 28 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.

Student .....  
Student Embalmer

Signed *R M Carter* \_\_\_\_\_

Licensed Embalmer No. *4117*

P. O. Address *Moherly 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.