

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1953

1864 State File No. 14935
Registrar's No. 68

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3090		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 26 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2009	
d. FULL NAME OF HOSPITAL OR INSTITUTION 610 Sunset Ave.				d. STREET ADDRESS (If rural, give location) Unknown			
3. NAME OF DECEASED (Type or Print) a. (First) Cecil b. (Middle) Leona c. (Last) Pederson			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1953				
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 21, 1912		9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 WEEK Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing		11. BIRTHPLACE (State or foreign country) Tazwell, Ind		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elwood Pederson			
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. 322-22-5193		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elwood Pederson-Chillicothe, Mo.			
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) <i>Undetermined - pending Chemical analysis Pathological Report.</i> ANTECEDENT CAUSES Morbid 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.					INTERVAL BETWEEN ONSET AND DEATH <i>Four hours</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Undetermined</i>		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) (Min.)		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 <i>Not at all</i> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7 A. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Joseph G. Conrad M.D. (Coroner)</i>				23b. ADDRESS <i>Chillicothe, Mo</i>		23c. DATE SIGNED <i>May 2-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>5-2-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Emmons Funeral Home</i>		24d. LOCATION (City, town, or county) (State) <i>Lawrenceville, Ill.</i>		
DATE REC'D BY LOCAL REG. <i>5-2-53</i>		REGISTRAR'S SIGNATURE <i>Frances B. Neill</i>		171-0 25. FUNERAL DIRECTOR'S SIGNATURE <i>Nauss Gordon - Chillicothe Mo</i>		ADDRESS	

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

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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 Ronald H. Rose

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.