F.S. No. 300
REV. 10-48

FILED JUN 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17858

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 302X Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Howard 0451 F
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette.
c. LENGTH OF STAY (In this place) 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wells Convalesent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard 0451
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-S. Moniteau Twp. 0
d. STREET ADDRESS (If rural, give location) R. R. #4

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) M.
c. (Last) Pemberton

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Aug. 15, 1872
9. AGE (In years last birthday) 80 — If under 1 year: Months 9, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Pemberton
13b. MOTHER'S MAIDEN NAME Elizabeth Harris
14. NAME OF HUSBAND OR WIFE Kate Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Earl Settles **ADDRESS** Fayette, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery sclerosis — unknown
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 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1953, *to* May 22, 1953, *that I last saw the deceased alive on* May 3, 1953, *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Francis D. Dean (Degree or title) M.D.
23b. ADDRESS Fayette, Mo
23c. DATE SIGNED 23 May 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/24/53
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) Howard Co. Missouri

DATE REC'D BY LOCAL REG. 5-23-53
REGISTRAR'S SIGNATURE Mary K. Shell
25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr **ADDRESS** Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.