

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22407

BIRTH NO. REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN El Dorado Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 328 West Joe Davis		e. STREET ADDRESS (If rural, give location) 328 West Joe Davis	

3. NAME OF DECEASED (Type or Print) MARGARET	a. (First)	b. (Middle) ANN	c. (Last) PENCE	4. DATE OF DEATH (Month) (Day) (Year) July 27, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 25, 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 2 Hrs. Hours	IF UNDER 15 Mins. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Gurnsey County, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Taylor	13b. MOTHER'S MAIDEN NAME Ruth Peoples	14. NAME OF HUSBAND OR WIFE W.S. Pence
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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 Mrs. Harry Prichard-El Dorado Spgs.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bulbar Paralysis			
ANTECEDENT CAUSES	DUE TO (b) Cerebral thrombosis		1 yr
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Hypertension		1 yr +
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> 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 7-27, 1954, to 7-27, 1954, that I last saw the deceased alive on 7-27, 1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS El Dorado Springs	23c. DATE SIGNED 7-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29, 1954	24c. NAME OF CEMETERY OR CREMATORY El Dorado Springs	24d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.
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DATE REC'D BY LOCAL REG. July 28, 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS El Dorado Spgs., Mo.
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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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4696

P. O. Address El Dorado Spc

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.