

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32916

State File No. ....

FILED NOV 9 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5049 Registrar's No. 117

1. PLACE OF DEATH  
a. COUNTY Atchison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).  
a. STATE Missouri b. COUNTY Atchison

b. CITY (If outside corporate limits, write RURAL and give town) Rural Lincoln Twp c. LENGTH OF STAY (in this place)

c. CITY OR TOWN \_\_\_\_\_ d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MI NW Westboro, Mo

STREET ADDRESS (If rural, give location) 11 NW Tarkio, Mo 6885

3. NAME OF DECEASED (Type or Print)  
a. (First) Henry b. (Middle) Earnest c. (Last) Pelster

4. DATE OF DEATH (Month) (Day) (Year) Oct-25-1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never married

8. DATE OF BIRTH Nov-14-1896

9. AGE (in years last birthday) 57 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 14 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY Outside painting

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fredrick Pelster

13b. MOTHER'S MAIDEN NAME Frieda Pidenbrink

14. NAME OF HUSBAND OR WIFE Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give year or dates of service) World war 1

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Pelster Tarkio, 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) SPASTIC POLIOMYELITIS WITH PRESSURE IN HENET CAVITY  
ANTECEDENT CAUSES  
Morbidity 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 \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) \_\_\_\_\_

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE D. D. Gallup (Degree or title) \_\_\_\_\_

23b. ADDRESS Rock Port, Mo.

23c. DATE SIGNED 10-30-54

24a. BURIAL, CREMATION (Specify) Burial

24b. DATE Oct-28-1954

24c. NAME OF CEMETERY OR CREMATORY St Johns Cemetery

24d. LOCATION (City, town, or county) (State) Westboro Missouri

DATE REC'D BY LOCAL REG. Nov 1, 1954

REGISTRAR'S SIGNATURE Therwin N. Schaefer 443-B

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westboro, Mo

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

NOV 17 1957

NOV 16 1957

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 **Ashley R Tucker**....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ashley R Tucker*  
Licensed Embalmer No....4757

P. O. Address Nestboro, M

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.