

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21214**

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **758**

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) over 50 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1313 North 10th St. Elliot Rest Home				e. STREET ADDRESS (If rural, give location) 903 So. 15 Street					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) NELSON c. (Last) PEPPER			4. DATE OF DEATH (Month) (Day) (Year) July 23, 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 10th, 1878			
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer			10b. KIND OF BUSINESS OR INDUSTRY Various		11. BIRTHPLACE (City and State or Foreign Country) Weston Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Pleasant James Pepper			13b. MOTHER'S MAIDEN NAME Mary A. Yocum		14. NAME OF HUSBAND OR WIFE Laura				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha Leonard Clarksdale, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach				INTERVAL BETWEEN ONSET AND DEATH unk.	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) 151X					
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> General debility; & senility					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 7/18, 1955 , to 7/23, 1955 , that I last saw the deceased alive on 7/23, 1955 , and that death occurred at 6:00P m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. J. Mundy 0				23b. ADDRESS 2801 Sacramento St. Joseph, Mo.		23c. DATE SIGNED 7/25/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri			
DATE REC'D BY LOCAL REG. July 29, 1955		REGISTRAR'S SIGNATURE Cathleen M. Allison 435		FUNERAL DIRECTOR'S SIGNATURE Stamley Funeral Home		ADDRESS St. Joseph, 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.....
Signature of Student Embalmer

Signed.....
Lucas J. Chancy

Licensed Embalmer No. *146*

P. O. Address *St. Joseph*

**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.**