

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25083

State File No.

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	c. LENGTH OF STAY (In this place) 10 years	c. CITY OR TOWN Nevada	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 Nevada Hospital		e. STREET ADDRESS (If rural, give location) 1127 South Main Street	

3. NAME OF DECEASED (Type or Print) a. (First) Carl	b. (Middle) Fredrick	c. (Last) Pech	4. DATE OF DEATH (Month) (Day) (Year) July 20 1955
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME Fredrick Pech		11b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and State or Foreign Country) Germany
13a. FATHER'S NAME Fredrick Pech		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hazel Pech
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	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Pech		ADDRESS 1127 S. Main Nevada Missouri	

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) Coronary Occlusion		ANTECEDENT CAUSES		9 hrs.
DUE TO (b) Coronary Thrombosis		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		9 hrs.
DUE TO (c) Coronary atherosclerosis		II. OTHER SIGNIFICANT CONDITIONS		unknown
Heart failure		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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) m.	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 **5:20 A.M., July, to 20, 1955, 19**, that I last saw the deceased alive on **July 20, 1955**, and that death occurred at **6:20 Am.**, from the causes and on the date stated above.

23a. SIGNATURE L.P. McCann <i>(Degree or title)</i>	23b. ADDRESS Moore Building, Nevada, Mo.	23c. DATE SIGNED July 21, '55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery Nevada Missouri

DATE REC'D BY LOCAL REG. 7-27-1955	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Nevada, Mo.
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(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 *L. J. Ferris*

Licensed Embalmer No. 4960

P. O. Address Nevada, M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.