

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30362

State File No. _____

| | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>253</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u> | | | |
| b. CITY OR TOWN <u>Sedalia</u> | | c. LENGTH OF STAY (In this place) <u>1 WEEK</u> | | c. CITY OR TOWN <u>Versailles</u> — <u>RURAL</u> | | d. STREET ADDRESS <u>Exact location unknown</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> | | | | d. STREET ADDRESS (If full of location) <u>Unknown</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Delbert</u> | | b. (Middle) <u>Russel</u> | | c. (Last) <u>Pease</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEP 23 1955</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>Nov 17 1912</u> | |
| 9. AGE (In years last birthday) <u>43</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landscape Gardener</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Kansas City Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | | 13a. FATHER'S NAME <u>Charles M. Pease</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maudie Love Pease</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.II army</u> | | 16. SOCIAL SECURITY NO. <u>553-24-2783</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>C. M. Pease</u> | | ADDRESS <u>Kansas City, Mo 4725 Campbell</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Shotgun wound of upper left abdomen + left chest</u> | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shotgun wound of upper left abdomen + left chest</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | DUE TO (c) <u>9190</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | DUE TO (c) <u>19</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> | |
| 19a. DATE OF OPERATION <u>9/17/55</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Severe trauma to l. abd. wall, stomach, diaphragm wall.</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Versailles 01 Morgan Mo.</u> | | 21f. HOW DID INJURY OCCUR? <u>Gun dropped to floor went off.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 17 55 7⁰⁰ p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>9/17/55</u> to <u>9/23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/23/55</u> , 19 <u>55</u> , and that death occurred at <u>11⁴⁰</u> a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>John E. Rany</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>11 W. 4th Sedalia Mo</u> | | 23c. DATE SIGNED <u>9/23/55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>9-23-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-23-55</u> | | REGISTRAR'S SIGNATURE <u>Luvin Evans</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> | | ADDRESS <u>Sedalia</u> | |

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1956

OCT 3 1956

NOV 7 1956

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 _____

A. P. McLeary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.