

FILED OCT 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30410**BIRTH NO. _____ REG. DIST. NO. **279** PRIMARY REG. DIST. NO. **4415** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksville Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksville Mo. 2820	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Edwin	b. (Middle)	c. (Last) Pegan	(Month) October	(Day) 8	(Year) 1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith-retired	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (State or foreign country) Clarksville Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joe Pegan	13b. MOTHER'S MAIDEN NAME Mary Currie	14. NAME OF HUSBAND OR WIFE Emmalou Pegan
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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. 493-28-6134	17. INFORMANT'S SIGNATURE OR NAME Emma Lou Pegan	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Rectum		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) internal hemorrhage		
	DUE TO (c) 154X		
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)
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 **10-13-1955**, to **10-7-1955**, that I last saw the deceased alive on **10-7-1955**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Hooker M.D. (Degree or title)	23b. ADDRESS Clarksville, Mo.	23c. DATE SIGNED 10-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Green Wood	24d. LOCATION (City, town, or county) (State) Clarksville Missouri
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DATE REC'D BY LOCAL REG. 10-9-1955	REGISTRAR'S SIGNATURE Dude Richard 256	25. FUNERAL DIRECTOR'S SIGNATURE St Brown	ADDRESS Clarksville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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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
Student Embalmer

Signed L. H. Brown

Licensed Embalmer No. 2648

P. O. Address Clarksville 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.