Health,
& Welfare
Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 16124

FILED JUN 5 1957 Registration District No. 16 Primary Registration District No. 5076 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Barton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Jasper — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home — Length of stay in 1b 2 yrs	d. STREET ADDRESS Route 3 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CHARLES Middle Last PESCH		4. DATE OF DEATH Month Day Year May 29, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH May 18, 1889
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Bethany, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Peter Pesch		14. MOTHER'S MAIDEN NAME Paulina West	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. 482-20-0655	17. INFORMANT Address Mr. Fred Pesch, Carlisle, Indiana	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 4201.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred Victoria 8 & 9th m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clarence W Chiles Coroner	22b. ADDRESS Lamar MO	22c. DATE SIGNED May 31-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery
23d. LOCATION (City, town, or county) (State) Bethany, Illinois		
24. FUNERAL DIRECTOR ADDRESS Chiles Funeral Home, Lamar, Mo.	25. DATE RECD. BY LOCAL REG. May 31-1957	26. REGISTRAR'S SIGNATURE Hazel H. Pugh

(Licensed Embalmer's Statement on Reverse Side)

150

JUN 10 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence M. Chile

Licensed Embalmer No. 34

P. O. Address Lamar

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