

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32306

Registrar's No. 34

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4473</u>		Registrar's No. <u>34</u>				
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackburn</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackburn</u>		d. STREET ADDRESS (If rural, give location) <u>South east part of town</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South east part of town</u>				d. STREET ADDRESS (If rural, give location) <u>South east part of town</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>J.</u>		c. (Last) <u>Pelot</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10th, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 17, 1861</u>		9. AGE (In years last birthday) <u>89</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Blackburn, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Francis L. Pelot</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Deal</u>			14. NAME OF HUSBAND OR WIFE <u>Lula H. Pelot</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank L. Pelot, Marshall, Mo.</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						<u>?</u>		
		ANTECEDENT CAUSES								
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>?</u>		
		DUE TO (b) <u>Arteriosclerosis, generalized</u>								
		DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS								
		Conditions contributing to the death but not related to the disease or condition causing death.						<u>4-22-1</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								
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 <u>June 16, 1959</u> to <u>April 15, 1958</u> , that I last saw the deceased alive on <u>Sept 6, 1959</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Douglas Kelling M.D.</u>				(Degree or title)		23b. ADDRESS <u>Waverly, Mo.</u>		23c. DATE SIGNED <u>9/12/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blackburn cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>9/15/50</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>		298		FUNERAL DIRECTOR'S SIGNATURE <u>Campbell + Lewis</u>		ADDRESS <u>Marshall, Mo.</u>		

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

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RECEIVED 9-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number: \_\_\_\_\_

Date Filed 9-18-50

SEP 20 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Amos N. Lewis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4709*

P. O. Address *Marshall 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.