

nt. Health,
, & Welfare
S. Public
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026614

STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 294 Primary Registration District No. 3057 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN Rayville, RFD #1	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clemons Rest Home		d. STREET ADDRESS (If outside, give location) 1 Wk.	
3. NAME OF DECEASED (Type or print) First David Middle Last Peoples		4. DATE OF DEATH Month July Day 15 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10/1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months Days Hours Min. 11. BIRTHPLACE (City and state or country) Kentucky
13a. FATHER'S NAME William Peoples		13b. MOTHER'S MAIDEN NAME Mary Graybeal	12. CITIZEN OF WHAT COUNTRY? USA
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	14. NAME OF HUSBAND OR WIFE Etta Clark Peoples
17. INFORMANT Floyd Peoples		Address Rayville RFD #1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Atherosclerosis DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH Months
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 1-20-57 to 7-15-58 and last saw ^{him} alive on 7-15-58 Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas D. Conly M.D.		22b. ADDRESS 110 S. College - Richmond, Mo.	
22c. DATE SIGNED 7/14/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/17/58	23c. NAME OF CEMETERY OR CREMATORY Knoxville Cemetery
23d. LOCATION (City, town, or county) Knoxville, Missouri			
24. FUNERAL DIRECTOR Quest-Eile Funeral Home		25. DATE RECD. BY LOCAL REG. 7-18-1958	26. REGISTRAR'S SIGNATURE Maluf Jackson
Richmond, Missouri			

use only standardized nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

