

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39536**

FILED JAN 11 1949

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **413**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville		
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hospital			d. STREET ADDRESS (If rural, give location) 1		

3. NAME OF DECEASED a. (First) Wade b. (Middle) B c. (Last) McPeak			4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1948		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 12 1868	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR: Months 10 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Weaver Co. Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Don't know	13b. MOTHER'S MAIDEN NAME Don't know	14. NAME OF HUSBAND OR WIFE Vina Mason
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓	16. SOCIAL SECURITY NO. don't know	17. INFORMANT'S SIGNATURE OR NAME Mrs Wade B. McPeak	ADDRESS Portageville Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> 17 Dec 48	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12-17-48
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A skull fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hit by automobile DUE TO (c) Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		?	

19a. DATE OF OPERATION 21	19b. MAJOR FINDINGS OF OPERATION no operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Portageville Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by an automobile
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22. I hereby certify that I attended the deceased from **12-17**, 19**48**, to **12-24**, 19**48**, that I last saw the deceased alive on **12-24**, 19**48**, and that death occurred at **10** p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. L. Ritter, M.D.	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 1-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-26-48	24c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery	24d. LOCATION (City, town, or county) (State) Portageville Mo
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DATE REC'D BY LOCAL REG. 1-6-49	REGISTRAR'S SIGNATURE G. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Parlor	ADDRESS Portageville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
4

RECEIVED

Health Officer No. 4
File Number 149-157
Date filed 1-10-49

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.