

FILED JUN 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. Registrar's No. 228

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

No. 300 10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039

1. PLACE OF DEATH  
 a. COUNTY Linn  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline, rural ( )  
 c. LENGTH OF STAY (in this place) 30 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital  
 e. STREET ADDRESS (If rural, give location) north Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Linn

3. NAME OF DECEASED  
 a. (First) Alfred b. (Middle) Green c. (Last) Peek  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
 May 26 1949

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed  
 8. DATE OF BIRTH Jan. 10, 1887 9. AGE (in years last birthday) 62  
 IF UNDER 1 YEAR Months 4 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Coal Miner  
 11. BIRTHPLACE (State or foreign country) Near Winnigan, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Peek 13b. MOTHER'S MAIDEN NAME Elvira Jennings 14. NAME OF HUSBAND OR WIFE Daisy Peek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no  
 16. SOCIAL SECURITY NO. no  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elbert L. Peek, Elmer, Missouri.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Head Trauma - severe  
 ANTECEDENT CAUSES Fracture, Skull, multiple  
 Asford conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.  
 DUE TO (b) DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 32

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Randall Road  
 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36, Marceline, MO  
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marceline, Linn, MO  
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 21f. HOW DID INJURY OCCUR? Car Accident

22. I hereby certify that I attended the deceased from May 25, 1949 to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 8:30 AM on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Marceline, MO 23c. DATE SIGNED May 28, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 28, 1949 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet 24d. LOCATION (City, town, or county) (State) Marceline, Missouri

DATE REC'D BY LOCAL REG. 5/28/49 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Marceline, Mo.

**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 Francis Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Meriden MS

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.