

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18366**

BIRTH NO. _____		REG. DIST. NO. <b>352</b>		PRIMARY REG. DIST. NO. <b>4518</b>		Registrar's No. <b>28</b>	
1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Hollister</b>		c. LENGTH OF STAY (in this place) <b>23 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hollister City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>home</b>				d. STREET ADDRESS (If rural, give location) <b>P. O. Box</b>			
3. NAME OF DECEASED (Type or Print) <b>Reese</b>		a. (First) <b>Everett</b>		b. (Middle) <b>Peyton</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 22, 1949</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>June 6, 1882</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>16</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electrical</b>		11. BIRTHPLACE (State or foreign country) <b>Zaneville, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>I. T. Feyton</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Smith Peyton</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret R. Peyton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Peyton</b> ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage -right side</b>  ANTECEDENT CAUSES <b>don't know</b> DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>831X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 <b>4/19</b> , 1949, to <b>4/22</b> , 1949, that I last saw the deceased alive on <b>4/22</b> , 1949, and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harry T. Evans, M. D.</b>				23b. ADDRESS <b>Branson, Missouri</b>		23c. DATE SIGNED <b>4/26/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/24/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Branson, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-26-49</b>		REGISTRAR'S SIGNATURE <b>J. E. Coppard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. O. Whelchel</b>		ADDRESS <b>Branson, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,  
District File Number 549-523  
Date Filed 5-9-49

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. 307

working under my personal supervision.

Walter S. Cobb  
Student Walter S. Cobb.....  
Student Embalmer

Signed Minnie F. Wheelock

Licensed Embalmer No. 2277

P. O. Address Branson 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.