S. No. 300
V. 10-48

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22257

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 18

100

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chaffee
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scott 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chaffee 1
d. STREET ADDRESS (If rural, give location) 329 Black Ave 0

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Don c. (Last) Peeples

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1949

5. SEX Mcheo
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Oct 2, 187[illegible]
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Obian Co Tenn 1
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME — Peeples
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Katie Steakley Peeples

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Mrs. Don Peeples ADDRESS Chaffee Mo.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Nephritis Chronic — INTERVAL BETWEEN ONSET AND DEATH 1949

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatitis Senility
DUE TO (c) Hip Fracture 1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1948 — 5998

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fallon Porch
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Home Chaffee (COUNTY) Scott (STATE) Mo

21d. TIME OF INJURY (Month) 1948 (Day) July (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fallon Porch Swing

22. I hereby certify that I attended the deceased from 1948 19__, to 5/26/49, 1949 that I last saw the deceased alive on 5/26, 1949, and that death occurred at 11:55 P m., from the causes and on the date stated above.

23a. SIGNATURE W. Deaney MD (Degree or title) 0
23b. ADDRESS B & L Bldg Chaffee Mo
23c. DATE SIGNED 5/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 30, 1949
24c. NAME OF CEMETERY OR CREMATORY Bardwell
24d. LOCATION (City, town, or county) Bardwell (State) Ky.

DATE REC'D BY LOCAL REG. 5/28/49
REGISTRAR'S SIGNATURE G B MacCready 298
25. FUNERAL DIRECTOR'S SIGNATURE Bispling hoff Funeral Home ADDRESS Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 649-666
Date Filed 6-26-49

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Alma, 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.