

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34459

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

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>4329</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt</u> <u>3</u>		c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ullin</u> <u>9 1/2</u>		TOWN <u>Ullin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u> b. (Middle) <u>PECK</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>August 5, 1937</u>	
9. AGE (In years last birthday) <u>12</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At School</u>		11. BIRTHPLACE (State or foreign country) <u>Ullin, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ferguson Peck</u>			13b. MOTHER'S MAIDEN NAME <u>Mamie Woods</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Peck, Ullin, Illinois</u> 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL AND CRUSHED CHEST</u> ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fatally injured in truck pedestrian collision</u> DUE TO (c) <u>UNAVOIDABLE ACCIDENT</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Child ran out in front of passing truck</u>					INTERVAL BETWEEN ONSET AND DEATH <u>25</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Wyatt, Mississippi, Missouri</u> (STATE) <u>67</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 28 49 9:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pedestrian Truck Collision</u>			
22. I hereby certify that I attended the deceased from <u>AS CORONER</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 Am.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>3 CORONER</u>			23b. ADDRESS <u>Charleston, Missouri</u>			23c. DATE SIGNED <u>10/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ullin</u>		24d. LOCATION (City, town, or county) (State) <u>Ullin, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 8-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cairo, Ill.</u>			

NOV 17 1949

NOV 30 1949

NOV 12 RECEIVED

Miss: Co. Health Dept

County File No. \_\_\_\_\_

Date Filed NOV 14 1949

**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 Edward H. Ruffin

Licensed Embalmer No. 7246, Illinois \_\_\_\_\_

P. O. Address 2501 Poplar St., Cair

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.