

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36426**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1304**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 618 Mary St	

3. NAME OF DECEASED (Type or Print) Minnie Morgan Peppard	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH 11-23-49	(Month)	(Day)	(Year)
--	------------	-------------	-----------	----------------------------------	---------	-------	--------

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH August 5 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
----------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Platte City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME James Bryan	13b. MOTHER'S MAIDEN NAME unknown Hass	14. NAME OF HUSBAND OR WIFE Robert Peppard
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Lora Hutcheson, Fort Smith, Ark	ADDRESS
--	-----------------------------------	--	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Gastro-intestinal Hemorrhage		1 day
	ANTECEDENT CAUSES Morbid 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.			

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) ✓	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 **Nov. 22, 1949** to **11-23, 1949**, that I last saw the deceased alive on **NOV. 23, 1949**, and that death occurred at **7:40 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Dorothy Steag mo (Degree or title) M.D.	23b. ADDRESS The Tootle Building St. Joseph, Missouri	23c. DATE SIGNED 11/23/49
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-26-49	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. Dec 2, 1949	REGISTRAR'S SIGNATURE H. L. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Joseph, Mo.	ADDRESS
---	---	---	---------

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

130

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

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 Victor Bandy.....

Licensed Embalmer No. 4212

P. O. Address St. Joseph, 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.