

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1684

582

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 248

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Linn  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Linn 05-21  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline  |  |
| c. LENGTH OF STAY IN THIS PLACE 10 1/2   |  | d. STREET ADDRESS (If rural, give location) East Hauser   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Brookfield Hosp.   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Thomas b. (Middle) Abraham c. (Last) Peden   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 1950                      |
| 5. SEX Male  | 6. COLOR OR RACE white   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 5  | 8. DATE OF BIRTH Aug. 20 1877  |
| 9. AGE (In years last birthday) 72   |  | IF UNDER 1 YEAR Months 4  | IF UNDER 2 HRS. Hours 14 Min. -  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer   |  | 10b. KIND OF BUSINESS OR INDUSTRY farmer  | 11. BIRTHPLACE (State or foreign country) Missouri D                   |
| 12. CITIZEN OF WHAT COUNTRY? USA   |  |   |  |
| 13a. FATHER'S NAME unknown - Peden   |  | 13b. MOTHER'S MAIDEN NAME Unknown   | 14. NAME OF HUSBAND OR WIFE Myrtle Peden (deceased)                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes Spanish American   |  | 16. SOCIAL SECURITY NO. No  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Peden Marceline Mo. RFD |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | - MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerotic Hypertension<br>DUE TO (c) Chronic Nephritis<br>II. OTHER SIGNIFICANT CONDITIONS<br>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 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) m.   | 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 1/3, 1950, to 1/4, 1950, that I last saw the deceased alive on 1/4, 1950, and that death occurred at 2:50 p.m., from the causes and on the date stated above.       |  |   |  |
| 23a. SIGNATURE (Degree or title) John Otis Capen IO 2  |  | 23b. ADDRESS Marceline  | 23c. DATE SIGNED 1/5/50  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   | 24b. DATE Jan. 6 1950  | 24c. NAME OF CEMETERY OR CREMATORY Peden Chapel   | 24d. LOCATION (City, town, or county) (State) Marceline Mo. RFD.       |
| DATE REC'D BY LOCAL REG. 1-6-50  | REGISTRAR'S SIGNATURE W. B. Edwin 167  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS James McLaughlin Marceline Mo  |  |

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

FEB 3 1950

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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 \_\_\_\_\_

*no*

Student Embalmer No. *no*

working under my personal supervision.

Student *no* Student Embalmer

Signed *Francis Lee Schaberg*

Licensed Embalmer No. *4513*

P. O. Address *Marceline 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.