

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7981**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5227** Registrar's No. **42**

0190

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Peculiar Twp		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Peculiar Twp	
c. LENGTH OF STAY (In this place) 50 yr		d. STREET ADDRESS (If rural, give location) Harrisonville Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi N.W. of Harrisonville		d. STREET ADDRESS (If rural, give location) Harrisonville Mo	
3. NAME OF DECEASED (Type or Print) LEITH		a. (First) _____ b. (Middle) _____ c. (Last) PECK	4. DATE OF DEATH (Month) (Day) (Year) Mar 20 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 29-1868
9. AGE (In years last birthday) 81		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Osage Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Lewis	
13b. MOTHER'S MAIDEN NAME Mary A Vanvallenburg		14. NAME OF HUSBAND OR WIFE L. L. Peck	
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. ✓	17. INFORMANT'S SIGNATURE OR NAME Fred Peck ADDRESS Peculiar 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) Mitral Regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension 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 Aug. 5, 1946 , to Mar 4, 1950 , that I last saw the deceased alive on Mar 4, 1950 , and that death occurred at 1:55 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. S. Triplett M.D.		23b. ADDRESS Harrisonville, Mo	
23c. DATE SIGNED 3-20-50		24a. BURIAL CREMATION REMOVAL (Specify) Burial	
24b. DATE Mar 21-1950		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24d. LOCATION (City, town, or county) (State) Harrisonville Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Laura J. Jones ADDRESS Harrisonville Mo	
DATE REC'D BY LOCAL REG. March 21, 1950		REGISTRAR'S SIGNATURE Laura J. Jones	

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 _____

Ernest Rasmussen

Signed
Student Embalmer

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.