

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8461

State File No. ....

0461

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>6 Mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Myrtle</u> <u>0750</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>ARILLA</u>		b. (Middle) _____	c. (Last) <u>PEACE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 27, 1958</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Ozark County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel Forrest</u>		13b. MOTHER'S MAIDEN NAME <u>Verinda Lance</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Arthur Peace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Johnny Smith Thayer, Missouri</u>			
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) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Cardio-Renal-Vascular Disease</u> 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 <u>402X</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (Min.) _____	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 <u>Nov 7, 1949</u> to <u>Feb 21, 1950</u> , that I last saw the deceased alive on <u>Feb 20, 1950</u> , and that death occurred at <u>7:30A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Richard C. Smith D.O.</u>		23b. ADDRESS <u>913 Wood Main West Plains, Mo.</u>		23c. DATE SIGNED <u>3-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2--23--50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Myrtle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Myrtle Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-25-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Carter Thayer</u>	ADDRESS <u>Dr. R. C. Smith</u>		

RECEIVED 3-28-50  
District Health Officer No. 8,  
District File Number 2-52-199  
Date Filed 3-30-50

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 Leland Carter

Signed.....  
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Shawnee, 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.