

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19032**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **107**

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY OR TOWN <b>Marshall, Mo.</b>		c. CITY OR TOWN <b>Marshall</b> <b>0972</b>	
c. LENGTH OF STAY (In this place) <b>All His Life</b>		d. STREET ADDRESS (If rural, give location) <b>521 North Ellsworth</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>521 North Ellsworth</b>		e. STREET ADDRESS <b>521 North Ellsworth</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Larry</b> b. (Middle) <b>Wayne</b> c. (Last) <b>Peel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 22 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 30-1948</b>	9. AGE (In years last birthday) <b>1</b>	10. MONTHS <b>8</b> DAYS <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Did not Work</b>		11. BIRTHPLACE (State or foreign country) <b>Marshall, Missouri</b>	
13a. FATHER'S NAME <b>Sterling J. Peel</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie D. Ryan</b>		14. NAME OF HUSBAND OR WIFE <b>Child</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sterling J. Peel-Marshall, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - Bronchitis</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.		<b>491X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <b>Marshall, Saline, Mo</b>
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 **May 20, 1950** to **May 22, 1950**, that I last saw the deceased alive on **May 22, 1950**, and that death occurred at **20** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John R. Lawrence M.D.</b>	23b. ADDRESS <b>Marshall, Mo</b>	23c. DATE SIGNED <b>May-27-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/24/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo</b>
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DATE REC'D BY LOCAL REG. <b>May 23/50</b>	REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sidney J. Gray, Marshall, Mo</b>
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RECEIVED

MAY 29

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6/1/50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*J. Leslie Swanson*

Licensed Embalmer No. 3235

P. O. Address Marshall

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.