

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23953

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lainsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Labelle</u>	
c. LENGTH OF STAY (in this place) <u>28 Da</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Time View Home</u>			
3. NAME OF DECEASED (Type or Print) <u>LAURA</u>		c. (Last) <u>PEAK</u>	
a. (First)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1950</u>	
b. (Middle)			
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>APRIL 15, 1874</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>3</u> DAYS <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>LABRANGE</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert W. Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Marhusion Michel Peak</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>James Peak</u>		ADDRESS <u>Labelle, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>High blood pressure</u> <u>1 yr.</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS <u>Senile dementia</u> 334x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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>July 24, 1950</u> , to <u>July 28, 1950</u> , that I last saw the deceased alive on <u>July 27, 1950</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry J. McEachern</u>		23b. ADDRESS <u>D. O. La Belle, Missouri</u>	
23c. DATE SIGNED <u>7/29/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/30/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LABELLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LABELLE, MO</u>	
DATE REC'D BY LOCAL REG. <u>7/30/50</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Labelle, Mo</u>	

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

560
5

RECEIVED AUG 7 1950
District Health Officer No.
District File Number 8-50-12
Date Filed AUG 8 1950

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 Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. A. Coder Jr.

Licensed Embalmer No. 4328

P. O. Address LaBelle, 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.