

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, write RURAL and give town) Hannibal
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo b. COUNTY Marion
 c. CITY (If outside corporate limits, write RURAL and give township) Hannibal
 d. STREET ADDRESS (If rural, give location) 2004 Spruce

3. NAME OF DECEASED
 a. (First) Lena b. (Middle) _____ c. (Last) Peyton

4. DATE OF DEATH (Month) (Day) (Year)
9 7 50

5. SEX Female **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single

8. DATE OF BIRTH 11-7-1878 **9. AGE** (In years last birthday) 72 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ **10b. KIND OF BUSINESS OR INDUSTRY** Domestic **11. BIRTHPLACE** (State or foreign country) New London, Mo **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Henry Peyton **13b. MOTHER'S MAIDEN NAME** Marion Dyer **14. NAME OF HUSBAND OR WIFE** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or type of service) _____ **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Fannie Campbell **ADDRESS** New London, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis
ANTECEDENT CAUSES
 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
 Conditions contributing to the death but not related to the disease or condition causing death.
5810

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Jan, 1950, to Sept 7, 1950, that I last saw the deceased alive on Sept 7, 1950 and that death occurred at 8:08 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. M. Lucke **23b. ADDRESS** Hannibal Mo **23c. DATE SIGNED** 9/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ **24b. DATE** 9-11-1950 **24c. NAME OF CEMETERY OR CREMATORY** New London **24d. LOCATION** (City, town, or county) (State) New London Mo

DATE REC'D BY LOCAL REG. 9-2-50 **REGISTRAR'S SIGNATURE** Dr. E. M. Lucke **25. FUNERAL DIRECTOR'S SIGNATURE** Geo E Roberts **ADDRESS** Hannibal

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

644
0

RECEIVED OCT 5 1950
UNION CO. HEALTH DEPT.
DATE FILED OCT 6 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. E. Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hannibal 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.