

FILED FEB 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 767

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. 4

360

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Union Rural</u>		c. CITY OR TOWN <u>Union Rural Route 0366</u>	
c. LENGTH OF STAY (in this place) <u>69 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Felix</u> b. (Middle) <u>M.</u> c. (Last) <u>Peirick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 9, 1881</u>	9. AGE (In years last birthday) Months Days <u>69 2 14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Port Hudson, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Port Hudson, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Herman Peirick</u>	13b. MOTHER'S MAIDEN NAME <u>M. Bauer</u>	14. NAME OF HUSBAND OR WIFE <u>Charlotte Peirick</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>492-20-4507</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hermann Peirick</u>	ADDRESS <u>Union</u>
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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) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery sclerosis</u>		<u>1 yr</u>
	DUE TO (c) <u>Hypercholesterolemia</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 4 months, 1949, to 1-23-, 1951, that I last saw the deceased alive on 13 Jan, 1951, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Nielson Richardson M.D.</u> (Degree or title)	23b. ADDRESS <u>Union, Missouri</u>	23c. DATE SIGNED <u>24 Jan 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Union, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 25 1951</u>	REGISTRAR'S SIGNATURE <u>F. P. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Union Funeral Home</u>	ADDRESS <u>Union</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 30 1951

RECEIVED

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 Harlan H. Johansen

Licensed Embalmer No. 4488

P. O. Address Union, Missouri

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.