

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1564**  
Registrar's No. **6**

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

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5586</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>CARTHAGE</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL - MARION</b>		c. LENGTH OF STAY (In this place) <b>5 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL - MARION</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JASPER COUNTY HOME</b>				d. STREET ADDRESS (If rural, give location) <b>ROUTE #3 JASPER COUNTY HOME</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JASPER</b>		b. (Middle) <b>---</b>		c. (Last) <b>PEACOCK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 9, 1951</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>Nov. 4, 1882</b>		9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>5</b>	IF UNDER 4 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (State or foreign country) <b>Jasper County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John B. Peacock</b>			13b. MOTHER'S MAIDEN NAME <b>Rebecca Ann Mitchell</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. X</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Maggie Stalker, Carthage, Mo.</b>			
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.		<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Flu Pneumonia</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Asthma Chronic</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>241X</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Carthage Jasper Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Jasper Mo.</b>			
22. I hereby certify that I attended the deceased from <u>12-21</u> , 19 <u>50</u> , to <u>1-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-8</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. E. Baker M.D.</b>				23b. ADDRESS <b>Carthage, Mo.</b>		23c. DATE SIGNED <b>1-11-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-11-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hackney Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>N.E. of Carthage, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-11-51</b>		REGISTRAR'S SIGNATURE <b>W. E. Baker</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ulmer Funeral Home Carthage, Mo.</b>			

RECEIVED 1-17-51  
Jasper County Health Office

County File Number 51-1-27  
Date Filed 1-17-51

**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 *John S. Denne*  
Licensed Embalmer No. 4194  
P. O. Address \_\_\_\_\_

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.