

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5259

FILED MAR 8 1951

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lincoln</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Tracy</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Millwood</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>4 mi SW of Sibley Mo. 0570</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>LEO</i> c. (Last) <i>PEASEL</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>FEB 26 1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 21 1896</i>
9. AGE (In years last birthday) <i>54</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer on Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Emmett Peasel</i>	13b. MOTHER'S MAIDEN NAME <i>Anna Staneb</i>
14. NAME OF HUSBAND OR WIFE <i>Dora Peasel</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>488-26-2482</i>
17. INFORMANT'S SIGNATURE OR NAME <i>Dora Peasel</i>		ADDRESS <i>Sibley Mo.</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cordis - Perit. Vascul. Dami</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <i>400 X</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Walter Eick</i>		23b. ADDRESS <i>Tracy Mo</i>	23c. DATE SIGNED <i>2/2/51</i>
24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <i>Mar 6 51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i>	24d. LOCATION (City, town, or county) (State) <i>Millwood Mo</i>
DATE RECEIVED BY LOCAL REGISTRY <i>Mar 30 1951</i>	REGISTRAR'S SIGNATURE <i>Emma B. Riddle</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas. Mc Coy Tracy Mo</i>	

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

0570
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MAY 4 1951

File No. _____

DISTRICT HEALTH OFFICE No. 4

MAR 5 1951

RECEIVED

MAR 12 1951

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

Wayne Mc Coy

licensed Embalmer No.

35186

P. O. Address

Tracy 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.