

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		628 ⁿ State File No. 21896		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vanburen Twp.</u>			c. LENGTH OF STAY (In this place) <u>1140</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Vanburen Twp.</u>			d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>			b. (Middle) <u>R.</u>			c. (Last) <u>PEELER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30, 1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 13, 1868</u>		9. AGE (In years less birthday) <u>82</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Rocheport, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>N. B. Peeler</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ALLEN RED</u>			14. NAME OF HUSBAND OR WIFE <u>FLORA LUTZ PEELER</u>					
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>No</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. L. L. Sears, Rayborn</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerosis</u>							
				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.						<u>4500</u>	
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) (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>5-25-</u> , 19 <u>51</u> , to <u>6-30-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-28-</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) <u>Russell Barber, M.D.</u>					23b. ADDRESS <u>Intn. Home No.</u>			23c. DATE SIGNED <u>7/3/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
<u>Burial</u>		<u>July 3, 1951</u>		<u>GREEN MOUNTAIN</u>			<u>RAYBORN, Mo.</u>				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>346</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Barber, Mtn. GROVE</u>						

APR 14 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.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Russell Barber

Licensed Embalmer No.

3848

P. O. Address

Mtn. Grove, Ill

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.