

Dr. *Dennis*
with John

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32404**

FILED OCT 11 1951

REG. DIST. NO. **375**

PRIMARY REG. DIST. NO. **6281**

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Van Buren	c. LENGTH OF STAY (In this place) 5 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Van Buren 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION L.I. Sears Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Alfred	b. (Middle) R.	c. (Last) Peeler	4. DATE OF DEATH (Month) (Day) (Year) June 30, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Nov. 13, 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS* OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Rocheport, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME N.B. Peeler	13b. MOTHER'S MAIDEN NAME Mary Allen Redd	14. NAME OF HUSBAND OR WIFE Flora Lutz
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME L.I. Sears	ADDRESS Mtn. Grove, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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 conditions causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **June 27, 1951**, to **June 30, 1951**, that I last saw the deceased alive on **June 27, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. W. Peeler M.D.	(Degree or title) M.D.	23b. ADDRESS Mtn. Grove Mo.	23c. DATE SIGNED 8-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Green Mountain	24d. LOCATION (City, town, or county) (State) Green Mountain, Mo.
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DATE REC'D BY LOCAL REG. 7-9-51	REGISTRAR'S SIGNATURE E. B. Garner	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Barber	ADDRESS Mtn. Grove
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(License Embalmer's Statement on Reverse Side)

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

RECEIVED: JUL 10 1951
WRIGHT CO. HEALTH DEPT.
County File Number: 25-1-25
Date Filed: July 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Hope, W. Va.

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.