

STANDARD CERTIFICATE OF DEATH

34691

State File No.

FILED OCT 25 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 247

1883

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	c. LENGTH OF STAY (in this place) <u>13</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hallsville Boone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ms Gormick Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LeRoy</u>	b. (Middle) <u>Almer</u>	c. (Last) <u>Peck</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 16 1951</u>
--	--------------------------	-----------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 20-1869</u>	9. AGE (In years last birthday) Months Days <u>81 11 3</u>	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours Min.
--------------------	------------------------------	--	---	---	-------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Eldora Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	---	--

13a. FATHER'S NAME <u>Charles Peck</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Knott</u>	14. NAME OF HUSBAND OR WIFE <u>May Peck</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>Wilbur Peck - Hallsville R.1</u>
---	--------------------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> <u>20 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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)	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 3-16, 1951, to 10-16, 1951, that I last saw the deceased alive on 10-16, 1951, and that death occurred at 9:26 P., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Roberts M.D.</u>	(Degree or title)	23b. ADDRESS <u>Centuria, Mo.</u>	23c. DATE SIGNED <u>10-17-51</u>
---	-------------------	--------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Oct 19 1951</u>	REGISTRAR'S SIGNATURE <u>Earl H. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>R. Swillett</u>	ADDRESS <u>Columbia Mo</u>
--	---	--	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1880
Date Filed: OCT 23 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

Lynna H. Skunkle

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.