

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42122

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> <u>0540</u>	
c. LENGTH OF STAY (In this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rock St.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Andrew</u>	
c. (Last) <u>Peek</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 7, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 8, 1873</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>26</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>	
11. BIRTHPLACE (State or foreign country) <u>Corydan, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Peek</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie White</u>	
14. NAME OF HUSBAND OR WIFE <u>Amelia Peek, Lexington, Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>not known</u>		16. SOCIAL SECURITY NO. <u>not known</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Amelia Peek, Lexington, Missouri.</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis e Congestiva Valvula</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 days.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia.</u> DUE TO (c) 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>491X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>30 Nov</u> , 1951, to <u>12 Dec</u> , 1951, that I last saw the deceased alive on <u>12 Dec</u> , 1951, and that death occurred <u>10:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. W. Ward</u>		23b. ADDRESS <u>Lexington, Mo</u>	
23c. DATE SIGNED <u>12-31-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>December 15, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wachpelan</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-31-51</u>		REGISTRAR'S SIGNATURE <u>156-01</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. S. ...</u>		ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 8 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 8 1952

no
copy

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 _____

Licensed Embalmer No. 2983

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.