

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3670

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6146 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Leonard, Mo. Rural		c. CITY (If outside corporate limits, write RURAL and give township) Leonard, Mo. 4miles S.E.	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) NOAH b. (Middle) WARCESTER c. (Last) PEOPLES			4. DATE OF DEATH (Month) (Day) (Year) 1-25-1952		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-23-1872		9. AGE (In years last birthday) 79		10 UNDER 1 YEAR Months 10 Days 2		11 UNDER 1 MIN. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Same			11. BIRTHPLACE (State or foreign country) Shelby Co. Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME William Peoples			13b. MOTHER'S MAIDEN NAME Mary Garrnett			14. NAME OF HUSBAND OR WIFE Nora Peoples		
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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. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora Peoples, Leonard, Mo.				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Prostate gland						3 yrs	
		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.							

19a. DATE OF OPERATION June 1951		19b. MAJOR FINDINGS OF OPERATION Carcinoma prostate gland 177X						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., of 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 1951, to Jan. 25, 1952, that I last saw the deceased alive on Jan. 25, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. W. Wright, D.O.			23b. ADDRESS Leonard, Mo.			23c. DATE SIGNED 1-26-52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-27-1952		24c. NAME OF CEMETERY OR CREMATORY Peoples Cmty.		24d. LOCATION (City, town, or county) (State) Shelby Co. Mo.			
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DATE REC'D BY LOCAL REG. 2-5-52		REGISTRAR'S SIGNATURE Ada Garrison			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.				
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

W. H. Hawkes

Signed.....
Student Embalmer

Licensed Embalmer No. *2498*

P. O. Address *Stellina Md*

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.