

No. 300  
 0.48  
 80  
 1  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5672

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>482</u>		PRIMARY REG. DIST. NO. <u>4298</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u>		OR TOWN <u>0580</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dc</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Auburn</u> c. (Last) <u>Peery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18- 1952</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>Jan 23- 1881</u>			
9. AGE (In years last birthday) <u>71</u>		if UNDER 1 YEAR Months <u>26</u>		if UNDER 1 YEAR Days <u>26</u>		if UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor &amp; Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bridget Road Cont.</u>			11. BIRTHPLACE (State or foreign country) <u>Linn Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas J. Peery</u>		13b. MOTHER'S MAIDEN NAME <u>Martha L. Burnett</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Peery</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Peery</u> ADDRESS <u>Linn, Mo.</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>				DUE TO (b) <u>Chronic Myocarditis</u>				<u>7 mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>General Arteriosclerosis</u>				<u>1 1/2 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>6 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</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) (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>May 11, 1951</u> , to <u>Feb 18, 1952</u> , that I last saw the deceased alive on <u>Feb 15, 1952</u> , and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Roy R. Haley, M.D.</u> (Degree or title)				23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>2-19-52</u>			
24a. BURIAL (Specify) <u>Funeral Home</u>		24b. DATE <u>Feb. 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. O. O. F.</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Curtis O. Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Brothers</u> ADDRESS <u>Linn, Mo.</u>					

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 Embalmer No.....

Signed.....  
Student Embalmer

Signed..... *WR Wright*

Licensed Embalmer No. *4655*

P. O. Address *Galilee, 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.