

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8677

State File No.

FILED MAR 27 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	c. LENGTH OF STAY (In this place) 20 yrs more	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1200 1240 S. Main		d. STREET ADDRESS (If rural, give location) 1240 S. Main 0	

3. NAME OF DECEASED (Type or Print) a. (First) MISS. BERNICE	b. (Middle)	c. (Last) PEACOCK	4. DATE OF DEATH (Month) (Day) (Year) Found Mar. 14, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 12, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Secretary	10b. KIND OF BUSINESS OR INDUSTRY Lawyer	11. BIRTHPLACE (State or foreign country) Indep, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Peacock	13b. MOTHER'S MAIDEN NAME Minerva Mc Carty	14. NAME OF HUSBAND OR WIFE -----
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. James A. Peacock	ADDRESS Lebedanon, 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, asthma, 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) Coronary thrombosis		8 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis 1 year DUE TO (c) General arteriosclerosis 1 year II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senescence 1 year		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 July 1947 to March 12, 1952, that I last saw the deceased alive on March 1952, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. Allen M.D.	(Degree or title)	23b. ADDRESS Independence Mo	23c. DATE SIGNED 3-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep. Mo.
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DATE REC'D BY LOCAL REG. 3-15-52	REGISTRAR'S SIGNATURE [Signature]	354 FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Indep, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0485
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MAR 22 1955

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.