

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48
DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	
c. LENGTH OF STAY (in this place) <u>6 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>North E. St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North E. St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAMELA</u>	b. (Middle) <u>FAYE</u>	c. (Last) <u>PEECHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 27, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 14, 1947</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Edwin W. Peacher</u>	13b. MOTHER'S MAIDEN NAME <u>Lenora Gay Oliver</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Edwin W. Peacher, Louisiana, MO.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Approx 2 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute lymphatic leukemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Verified by Blood Counts and Bone marrow Biopsy</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>204c</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 9-26-, 1952, to 11-27-52, 19, that I last saw the deceased alive on 11-27-, 1952, and that death occurred at 1:27A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Andree M.D.</u> (Degree or title)	23b. ADDRESS <u>216 Georgia Street Louisiana, Missouri</u>	23c. DATE SIGNED <u>NOV 28 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miller cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co., Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Nov 29, 1952</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home, Louisiana, MO.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Virginia M. Sterne.....

Licensed Embalmer No. 4645.....

P. O. Address Louisiana, 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.