

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41932**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 104 **PRIMARY REG. DIST. NO.** 4176 **Registrar's No.** 53

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dunklin</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (In this place) <u>25 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>110 So. Marion St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 So. Marion St.</u>		e. STREET ADDRESS (If rural, give location) <u>110 So. Marion St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Pleasant</u> b. (Middle) <u>B.</u> c. (Last) <u>Peck</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>November 29, '52</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>March 1, 1871</u>
<b>9. AGE</b> (In years last birthday) <u>81</u>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Agriculture</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Stoddard County, Missouri</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>W.A. Peck</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>X</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Elva Peck</u>		<b>ADDRESS</b> <u>Bernie, Missouri</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <u>Concussion of Lungs</u> <b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 yr</u>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>1561</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Oct 15, 1952</u> <b>to</b> <u>Nov 29, 1952</u> <b>that I last saw the deceased alive on</b> <u>Nov 25, 1952</u> <b>and that death occurred at</b> <u>2:15 P.m.</u> <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Name or title) <u>J. D. Schuman</u>		<b>23b. ADDRESS</b> <u>Malden, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>Dec 9/52</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Dec. 1, 1952</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Malden Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Malden, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>12/13/52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. D. Schuman</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>H.S. Smith</u>		<b>ADDRESS</b> <u>Funeral Home C'ville. Mo.</u>	

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

0351

0351

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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT.....12-15-52  
COUNTY FILE NUMBER 1252-339

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 William Denver Pike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.