

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17784**

FILED JUN 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>Grundy</b> <u>0402</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b> <u>0402</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>		c. LENGTH OF STAY (in this place) OR TOWN <b>Trenton</b> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>912 Avalon St.</b>		d. STREET ADDRESS (If rural, give location) <b>912 Avalon St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RHODEMA</b>	b. (Middle) <b>W.</b>	c. (Last) <b>PEERY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 29, 1953</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar. 31, 1868</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Days <b>1</b>	IF UNDER 24 HRS. Hours <b>28</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Daniel Wright</b>	13b. MOTHER'S MAIDEN NAME <b>Sara Bates</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Peery</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Peery, Trenton, Mo.</b>
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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) <b>Chronic myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis Chronic</b> DUE TO (c) <b>artery - arteriosclerosis</b>		
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 <b>442x</b>	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 5-28-1953 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 5-24-1953 and that death occurred at 11:15a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. J. Mason M.D.</b>	23b. ADDRESS <b>Trenton Mo</b>	23c. DATE SIGNED <b>5-29-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>June 1, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelburne</b>	24d. LOCATION (City, town, or county) (State) <b>5mi. S. Hickory, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-1-53</b>	REGISTRAR'S SIGNATURE <b>Jeanne Fair</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Donald H. Baker Trenton, Mo</b>
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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

*Donald H. Slater*

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.