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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1953

20524

State File No.

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6221 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MONTEVALLO
c. LENGTH OF STAY (in this place): 6 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRAIN VALLEY, MO
d. STREET ADDRESS (If rural, give location): 7000 1

3. NAME OF DECEASED (Type or Print)
a. (First): MAGDAL
b. (Middle):
c. (Last): PEAL

4. DATE OF DEATH (Month) (Day) (Year): 5 - 15 - 53

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JUNE 7 - 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): GRAIN VALLEY, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: MACK HERRINGTON
13b. MOTHER'S MAIDEN NAME: SARAH HOLLAND
14. NAME OF HUSBAND OR WIFE: HARVEY PEAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Valvular Heart — unknown
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: 4214
20. AUTOPSY? YES ☐ NO ☒

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): VERNON MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14, 1953, *to* 5-16, 1953, *that I last saw the deceased alive on* 5-16, 1953, *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W B Bannister MD
23b. ADDRESS: Sheldon Mo
23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: MAY 12-53
24c. NAME OF CEMETERY OR CREMATORY: GRAIN VALLEY
24d. LOCATION (City, town, or county) (State): GRAIN VALLEY MO.

DATE REC'D BY LOCAL REG.: May 20 1953
REGISTRAR'S SIGNATURE: Mrs Ruth Faith 339
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: G. Bernard Beeny

(Licensed Embalmer's Statement on Reverse Side)

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 L. Bernard Bunny

Signed.....
Student Embalmer

Licensed Embalmer No. 4161

P. O. Address Sheldon, 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.