

FILED OCT 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36931

State File No.

BIRTH NO. _____ REG. DIST. NO. 814 PRIMARY REG. DIST. NO. 6064 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Osceola</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osceola</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mile N.E. Osceola</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Spencer</u>		b. (Middle) <u>--</u>	
c. (Last) <u>Peek</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept; 24 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 11 1873</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Peek</u>		13b. MOTHER'S MAIDEN NAME <u>Rena Jennings</u>	
14. NAME OF HUSBAND OR WIFE <u>Ines Peek</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Been Peek Osceola Missouri</u>	
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) <u>Myocardial Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cachexia + senility</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
19c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19d. INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 mo</u>	
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) _____		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? _____	
22. I hereby certify that I attended the deceased from <u>8-2 1953</u> to <u>9-24 1953</u> that I last saw the deceased alive on <u>9-24 1953</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William Severett, D.O.</u>		23b. ADDRESS <u>Osceola Mo</u>	
23c. DATE SIGNED <u>9-26-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Inglewood</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. ... Osceola Mo</u>	
25. ADDRESS _____		DATE REC'D BY LOCAL REG. <u>9-26-53</u>	
REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>		25. ADDRESS _____	

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

0430

0430

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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 J. B. Seelbach

Licensed Embalmer No. 3038

P. O. Address Ossela 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.