

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39501

5 030 0313333

FILED DEC 10 1953

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 13129		Registrar's No. 19701	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY OR TOWN WEBB CITY		c. LENGTH OF STAY (in this place) LIFE TIME		c. CITY OR TOWN JOPLIN		d. STREET ADDRESS (If rural, give location) 2205 FLORIDA	
d. FULL NAME OF HOSPITAL OR INSTITUTION 711 WEST THIRD							
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)		b. (Middle) PEART		c. (Last)	
4. DATE OF DEATH		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, DIVORCED	
8. DATE OF BIRTH NOVEMBER 7 1877		9. AGE (In years last birthday) 76		10. MONTHS 0		11. DAYS 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER		10b. KIND OF BUSINESS OR INDUSTRY EMPLOYEE PACKING, DUSTRY		11. BIRTHPLACE (State or foreign country) WEBB CITY MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ISSAC PEART		13b. MOTHER'S MAIDEN NAME ELIZABETH HINES		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 490-20-3381		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES PEART SAPULPA, OKLA			
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) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Instantaneous 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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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>and was present</u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>7</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Peart, M.D., Coronary Specialist</u>				23b. ADDRESS <u>Post Box 106, Joplin, Mo.</u>		23c. DATE SIGNED <u>12-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-5-1953		24c. NAME OF CEMETERY OR CREMATORY WEBB CITY		24d. LOCATION (City, town, or county) (State) WEBB CITY MISSOURI	
DATE REC'D BY LOCAL REG. 12-4-53		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> 414		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			

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

RECEIVED DEC 7 1953

Jasper County Health Office

County File Number 53-12-976

Date Filed DEC 7 1953

JAN 13 1954

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.