

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 1 1954

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 203	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 15 years		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) 3307 Renick St. 01170			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Jane c. (Last) Peck			4. DATE OF DEATH (Month) (Day) (Year) February 7, 1954				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH January 28, 1875	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Halls, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE John W.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Russell Peck, 2612 Duncan, St. Joseph, Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Carcinoma of breast - right</i> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Int Discovred Jan. 1952</i>
19a. DATE OF OPERATION 1-15-52		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of breast</i> 170x					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 <i>Jan 11, 1952</i> , to <i>Feb 7, 1954</i> , that I last saw the deceased alive on <i>Feb 7, 1954</i> , and that death occurred at <i>2:50 p. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H. B. Benson</i> (Degree or title) <i>M.D.</i>			23b. ADDRESS <i>St. Joseph Mo</i>		23c. DATE SIGNED <i>2-8-54</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/9/1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sugar Creek Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Buchanan County, Missouri</i>	
DATE REC'D BY LOCAL REG <i>Feb 25, 1954</i>		REGISTRAR'S SIGNATURE <i>Lothian M. Allison</i> 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Heaton-Baconer St. Joseph</i>			

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed.....
James B. Hawkins

Licensed Embalmer No...45...

P. O. Address 319 So 10th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.