

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7809**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **277**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		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 <b>6023 Carnegie St.</b>		e. STREET ADDRESS (If rural, give location) <b>8023 Carnegie St. 0117</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SATCHIE</b>	b. (Middle)	c. (Last) <b>PECK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 10 1954</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>Widowed</b>	8. DATE OF BIRTH <b>11-4-1869</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR: Months Days	IF UNDER 10 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work the decedent was doing at the time he or she died, or as given if retired) <b>housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Halls, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Herman Ebling</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Frakes</b>	14. NAME OF HUSBAND OR WIFE <b>Millard Peck (de)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leota Peck, 6023 Carnegie St.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coriatic decomposition</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture right femur Dec. 1953</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200 F</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 13, 1953 9:00P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Tripped over her clothing while undressing and fell.</b>
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22. I hereby certify that I attended the deceased from **17 Dec. 1953**, to **24 Feb. 1954**, that I last saw the deceased alive on **24 Feb. 1954**, and that death occurred at **8:15P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Willie P. McDonald M.D.</b>	23b. ADDRESS <b>301 N. 8th St., St. Joseph, Mo.</b>	23c. DATE SIGNED <b>11 March 54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-12-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sugar Creek Cemetery Bushville, Missouri</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>March 13 1954</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John E. Kupp</b>	ADDRESS <b>St. Joseph, 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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 39

P. O. Address.....  
St. Joseph

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.