

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18108**No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>347</b>		
1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>STODDARD</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. LENGTH OF STAY (In this place) <b>8 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-CASTER</b>		10 30		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>POPLAR BLUFF HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>5 MI. N.E. of ESSEX</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>RICKY</b> b. (Middle) <b>LYNN</b> c. (Last) <b>PECK</b>			4. DATE OF DEATH (Month) <b>6-</b> (Day) <b>8-</b> (Year) <b>1954</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>		8. DATE OF BIRTH <b>10-30-1952</b>		
9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR Months <b>19</b> Days <b>19</b>		IF UNDER 1 HR. Hours <b>1</b> Min. <b>1</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>*****</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>*****</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BILL H. PECK</b>			13b. MOTHER'S MAIDEN NAME <b>FAY BLEVINS</b>			14. NAME OF HUSBAND OR WIFE <b>*****</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>*****</b>		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT'S SIGNATURE OR NAME <b>BILL H. PECK</b> ADDRESS <b>ESSEX, MO.</b>				
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronch pneumonia</b> ANTECEDENT CAUSES DUE TO (b) <b>not known</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Tourelletomy</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>6-7-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Enlarged Tonsils &amp; Adenoids</b>					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) (Min.)		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 <b>May 30</b> , 19 <b>54</b> , to <b>June 8</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>June 8</b> , 19 <b>54</b> , and that death occurred at <b>2:55 P m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>W. H. M... me.</b> (Degree or title)			23b. ADDRESS <b>Poplar Bluff Mo</b>			23c. DATE SIGNED <b>6-9-54</b>		
24a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>		24b. DATE <b>6-9-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DEXTER CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>STODDARD MO.</b>		
DATE REC'D BY LOCAL REG. <b>6/12/54</b>		REGISTRAR'S SIGNATURE <b>R. H. M... 4890</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. White</b> ADDRESS <b>Fisk, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 14 1954  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 6-85

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff

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.