

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19898

State File No. ....

No. 300  
10.48

FILED JUL 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4408 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before- a. STATE <u>Missouri</u> b. COUNTY <u>Morgan &amp; Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton Mo township 2740</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>0800</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pora</u> b. (Middle) <u>Ann</u> c. (Last) <u>Peoples</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>APR 25 1879</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>77</u> Days <u>2</u> Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Simon Burns</u>		13b. MOTHER'S MAIDEN NAME <u>do not know</u>		14. NAME OF HUSBAND OR WIFE <u>Harve Peoples</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Harve Peoples Smithton Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>		
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	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)	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 July 3, 1954 to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. W. Johnson</u>		23b. ADDRESS <u>N.O. 20 TOTTENVILLE MO</u>		23c. DATE SIGNED <u>July 5, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>	24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-7-54</u>	REGISTRAR'S SIGNATURE <u>Lavinia County Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. F. Neumyer Smithton Mo</u>			

(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 .....  
Student Embalmer

Signed A. F. Hemminger

Licensed Embalmer No. 3612

P. O. Address Smithton Md

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.