

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26524

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>202</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY OR TOWN <u>CARROLLTON</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		c. CITY OR TOWN <u>BRUNSWICK</u>		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 <u>WETZEL HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>0210 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u> b. (Middle) <u>M.</u> c. (Last) <u>PEERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-11-1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>10-23-1880</u>	
9. AGE (In years, months, days) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER YARD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BRUNSWICK MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.D.</u>		13a. FATHER'S NAME <u>J.M. PEERY</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE WOOD</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE PEERY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>V</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.M. PEERY BRUNSWICK 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Cancer of Prostate</u> DUE TO (c) <u>Complete Obstruction of Ureters</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Weeks</u> <u>Years</u>	
19a. DATE OF OPERATION <u>Aug 2</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatectomy</u>				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 <u>Aug 1, 1954</u> , to <u>Aug 11, 1954</u> , that I last saw the deceased alive on <u>Aug 11, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. J. Hall</u> (Degree or title)				23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>Aug 11 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-13-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELLIOTT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>	
DATE REC'D BY LOCAL REG. <u>8/14/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Helen Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Wheeler Brunswick Mo</u>			

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

Mo

SEP 22 1950

OCT 14 1950

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 *L. W. Beusel*

Licensed Embalmer No. *523*

P. O. Address *Bruce*

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.