

FILED AUG 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26922

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 136

1. PLACE OF DEATH

a. COUNTY GRUNDY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wright Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Grundy

c. CITY OR TOWN Trenton

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 202 Linn 0403

3. NAME OF DECEASED (Type or Print)

a. (First) MAMIE b. (Middle) Stapp c. (Last) Peery

4. DATE OF DEATH (Month) (Day) (Year) Aug 15 1954

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JAN 19, 1869 9. AGE (In years last birthday) Months Days 85 6 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and State or Foreign Country) Missouri City, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Milton Stapp 13b. MOTHER'S MAIDEN NAME MARY JANE Peery 14. NAME OF HUSBAND OR WIFE John Peery

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

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 3 mos

ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis 6 mo

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

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 4221 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1954, to Aug 15, 1954, that I last saw the deceased alive on Aug 15, 1954, and that death occurred at 5:40 m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D. (Degree or title) 23b. ADDRESS Trenton Mo 23c. DATE SIGNED Aug 16 54

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE Aug 17 1954 24c. NAME OF CEMETERY OR CREMATORY Food Cemetery 24d. LOCATION (City, town, or county) (State) Edinburg, Mo.

DATE REC'D BY LOCAL REG. 8-17-54 REGISTRAR'S SIGNATURE Irene Jain 115 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAVIS-Blackmore Funeral Home Trenton, Mo. Madison Blackmore

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

E.A. Duffy M.D.

MAMA
FEB 13 1963

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 *Harold L Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Greentown, N.C.*.....

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.