

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37970

State File No. ....

0660

FILED NOV 22 1954

BIRTH NO. ....		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5714</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pineville</u>		c. LENGTH OF STAY (in this place) <u>55 yrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				e. STREET ADDRESS (If rural, give location) <u>Anderson, Mo. R#3</u>			
3. NAME OF DECEASED a. (First) <u>Jonathon</u> (Type or Print)			b. (Middle) <u>Curtis</u>		c. (Last) <u>Peck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18 1875</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ira H. Peck</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Jane Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Peck</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nancy Peck Anderson, Mo. R#3</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>Thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u>				INTERVAL BETWEEN ONSET AND DEATH <u>11-7-54</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E9040</u> <u>21</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY) TOWN OR TOWNSHIP (COUNTY) (STATE) <u>R.F.D. 3 McDonald Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 3 1954 8:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped and fell</u> <u>060</u>			
22. I hereby certify that I attended the deceased from <u>11-7-1954</u> to <u>11-11-1954</u> , that I last saw the deceased alive on <u>11-7-1954</u> , and that death occurred at <u>9:35 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. B. Bush</u>				23b. ADDRESS <u>McDonald Mo</u>		23c. DATE SIGNED <u>11-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tracy Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Anderson, Mo. R#3</u>		
DATE REC'D BY LOCAL REG. <u>11-20-54</u>		REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Mervin Logan</u>		ADDRESS <u>Anderson, Mo.</u>	

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

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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 *James Kenneth Duncan*.....

Licensed Embalmer No. *4761*

P. O. Address *Wilmington*

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.