

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 892

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 7 hours		c. CITY OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital		e. STREET ADDRESS (If rural, give location) 824 East University 03960			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) SARAH ALICE	b. (Middle) YOUNGBLOOD	c. (Last) PEAKE	January 4		1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 29, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days IF UNDER 24 HRS. Hours IF UNDER 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Marionville, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles M Youngblood		13b. MOTHER'S MAIDEN NAME Mary E Manning	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Francis Camp, Springfield, Mo.		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.		19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		DUE TO (c) Constrictive heart failure		3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) Springfield, Greene, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 17, 1947, to Jan 4, 1955, that I last saw the deceased alive on Jan 4, 1955, and that death occurred at 7:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Adelky M.D.		23b. ADDRESS 1609 Cherry St.		23c. DATE SIGNED Jan 5 '55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri					

DATE REC'D BY LOCAL REG. 1-5-55		REGISTRAR'S SIGNATURE Edith T. Williams		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeier		ADDRESS Springfield, Mo.	
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(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.....
Signature of Student Embalmer

Signed..... *Bernard F. Wray*

Licensed Embalmer No..... *42*

P. O. Address..... *Spring*

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.