

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2066

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>PIKE</u> 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Pike Co. Mo.</u> b. COUNTY _____	
b. CITY OR TOWN <u>Bowling Green</u>		c. CITY OR TOWN <u>Bowling Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLY</u>		e. STREET ADDRESS (If rural, give location) <u>0820</u>	

3. NAME OF DECEASED (First) <u>Thomas</u> (Middle) <u>ALBERT</u> (Last) <u>Peabody</u>			4. DATE OF DEATH (Month) <u>JAN</u> (Day) <u>21</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 30 1871</u>	9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ADA MO. Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Peabody</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Peabody</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>PAUL Peabody</u> ADDRESS <u>Bowling Green 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>yes</u> <u>yes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Arterio Sclerosis</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"/>
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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 \_\_\_\_\_, 1950 to 1-1, 1955 that I last saw the deceased alive on Nov 31, 1954 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>I. M. Mathews, M.D.</u> (Degree or title)	23b. ADDRESS <u>Bowling Green Mo</u>	23c. DATE SIGNED <u>1-8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery Agency, Ill</u>	24d. LOCATION (City, town, or county) _____ (State) _____
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DATE REC'D BY LOCAL REG. <u>1-8-55</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u> 254-	25. FUNERAL DIRECTOR'S SIGNATURE <u>How Bond and Bowling Green Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

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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 *Harold C. Kirk*.....

Licensed Embalmer No. *457*

P. O. Address *Bannock  
Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.