

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1956

State File No. 1531

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN INDEPENDENCE		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 INDEPENDENCE SANITARIUM				e. STREET ADDRESS (If rural, give location) 2105 ENGLEWOOD TERRACE				70050	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) RAY		c. (Last) PEER		4. DATE OF DEATH (Month) (Day) (Year) 1-4-56		
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-14-1885		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) INDIANA			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JACOB PEER			13b. MOTHER'S MAIDEN NAME MARY RITCHEY			14. NAME OF HUSBAND OR WIFE ETHEL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ETHEL PEER, INDEPENDENCE, MO.					
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) Coronary thrombosis with myocardial infarction (posterior)						INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201							
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronchopneumonia (right)						48 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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 12/25, 1955, to 1/4, 1956, that I last saw the deceased alive on 1/4, 1956, and that death occurred at 8:45 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Vance E. Lusk, M.D.				(Degree or title)		23b. ADDRESS 1124 W. Lexington Independence, Mo		23c. DATE SIGNED 1/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-4-56		24c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery		24d. LOCATION (City, town, or county) Laclede, Mo.		(State) _____	
DATE REC'D BY LOCAL REG. 1-4-56		REGISTRAR'S SIGNATURE [Signature]		354		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Laclede, Mo.	

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 Not Embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... W.R. Nugent.....

Licensed Embalmer No. 4655.....

P. O. Address Frederick, Md......

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.