

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5686**

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MONROE	
b. CITY OR TOWN PARIS	c. LENGTH OF STAY (in this place) 38 YRS.	c. CITY OR TOWN PARIS	d. Is Residence within limits of a city or incorporated town? Yes A No 9.00
d. FULL NAME OF HOSPITAL OR INSTITUTION 516 S. MAIN ST.		STREET ADDRESS (If rural, give location) 516 S. MAIN ST.	

3. NAME OF DECEASED (Type or Print) KATHRYN MARIE PECKENPAUGH			4. DATE OF DEATH (Month) (Day) (Year) FEB. 20, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 6, 1882		9. AGE (In years last birthday) 74
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) WOODBINE, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME OWEN MAHONEY	13b. MOTHER'S MAIDEN NAME MARGRET KILPATRICK	14. NAME OF HUSBAND OR WIFE FREDERIC PECKENPAUGH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 2	17. INFORMANT'S SIGNATURE OR NAME MRS CRAIG HOLDSHEISER, PARIS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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	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) PARIS, MO.
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 **Aug. 1953** to **FEB. 20, 1956**, that I last saw the deceased alive on **FEB 20, 1956**, and that death occurred at **12:30** m., from the causes and on the date stated above.

23a. SIGNATURE Mrs M. R. ... M.D. (Degree or title)	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 2-20-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-22-1956	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
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DATE REC'D BY LOCAL REG. 2-21-56	REGISTRAR'S SIGNATURE J. G. Barnard M.D.	435-0	25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey	ADDRESS PARIS, MISSOURI
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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..... *E. H. Agnew*

Licensed Embalmer No. 400

P. O. Address PARIS, MISSOURI

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.