

FILED APR 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>326</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>WEST PLAINS</u>		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 <u>ST. JOHN'S HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>0467</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DALE</u> b. (Middle) _____ c. (Last) <u>PEOPLES</u>			4. DATE OF DEATH <u>APRIL 5 1956</u> (Month) (Day) (Year)					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>NOV. 26 1939</u>		
9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>FALLS VILLE, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>ARTHUR PEOPLES</u>			13b. MOTHER'S MAIDEN NAME <u>EDNA CARTER</u>			14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXX</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARTHUR PEOPLES WEST PLAINS, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Constrictive pericarditis, with cardiac decompensation.</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>Pneumonia, left lung.</u> DUE TO (c) <u>Uremia, secondary to the above.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>About 2 mos.</u>	
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? <u>4343</u>						
22. I hereby certify that I attended the deceased from <u>2/27/</u> , 19 <u>56</u> , to <u>4/5/</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/5/</u> , 19 <u>56</u> , and that death occurred at <u>10:45 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John W. Polk, MD</u> (Degree or title)				23b. ADDRESS <u>604 Medical Arts Bldg. Springfield 3, Missouri</u>		23c. DATE SIGNED <u>4/6/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/8/56</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>west plains, mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-9-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. COUNTY DIRECTOR'S SIGNATURE <u>Edith Williams</u>		ADDRESS <u>SPRINGFIELD, MO.</u>		

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

1958  
APR 18 1958

**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 *Julian J. Landley*.....  
Licensed Embalmer No. *9815*.....

P. O. Address *Springfield*

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.