

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23488**

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (in this place) 40 yrs.	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 515 East Green St.		e. STREET ADDRESS (If rural, give location) 515 East Green St.	

3. NAME OF DECEASED (Type or Print) a. (First) Narcissa b. (Middle) DeWitt c. (Last) Peery			4. DATE OF DEATH (Month) (Day) (Year) Aug. 4th, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Augustine Walker		13b. MOTHER'S MAIDEN NAME Minerva DeWitt		14. NAME OF HUSBAND OR WIFE John Thompson Peery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Thornton Jennings, Clinton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) Broken hip		INTERVAL BETWEEN ONSET AND DEATH 10 hrs # 70 8 Mo
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 July, 1955, to 8-4, 1956, that I last saw the deceased alive on 8-3, 1956, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Walker M.D.		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 8-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 5, 1956		24c. NAME OF CEMETERY OR CREMATORY Drakes Chapel Cemetery	
				24d. LOCATION (City, town, or county) (State) Clinton, Mo. Rural #	

DATE REC'D BY LOCAL REG. 8-6-56		REGISTRAR'S SIGNATURE Mildred Bigum		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. J. Vansant, Clinton, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC-11-1963

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 *H. J. Vansant*.....

Licensed Embalmer No. *371*

P. O. Address *Clinton*.....

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.