No. 300
10.48

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

FILED OCT 23 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35144

BIRTH NO. _____ REG. DIST. NO. 197 PRIMARY REG. DIST. NO. 3052 Registrar's No. 76

**1. PLACE OF DEATH**
a. COUNTY: RAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CASSADY NURSING HOME

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RAY
c. CITY OR TOWN: RICHMOND
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 208 FORREST

**3. NAME OF DECEASED** (Type or Print)
a. (First): EMMA
b. (Middle): SUSAN
c. (Last): PEEBLES

**4. DATE OF DEATH** (Month) (Day) (Year): OCTOBER 14, 1956

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: FEBRUARY 8, 1880
**9. AGE** (In years last birthday): 76 — IF UNDER 1 YEAR: Months: 8 Days: 6 — IF UNDER 24 HRS.: Hours: Min.:
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSE WIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: HOUSE KEEPING
**11. BIRTHPLACE** (City and State or Foreign Country): RAY COUNTY, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: SILAS WILLIAMS
**13b. MOTHER'S MAIDEN NAME**: NANCY LILES
**14. NAME OF HUSBAND OR WIFE**: ARCH PEEBLES
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: Arch Peebles — ADDRESS: Richmond Missouri.

**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, arthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Cervix — years
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**: 17/X
**20. AUTOPSY?** YES [ ] NO [X]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 9, 1956, *to* October 10, 1956, *that I last saw the deceased alive on* Oct. 10, 1956, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [illegible] M.D.
**23b. ADDRESS**: Richmond Mo.
**23c. DATE SIGNED**: 10/15/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: OCTOBER 16, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: KNOXVILLE CEMETRY
**24d. LOCATION** (City, town, or county) (State): KNOXVILLE, MISSOURI.

**DATE REC'D BY LOCAL REG.**: Oct 20 1956
**REGISTRAR'S SIGNATURE**: Maud Jackson
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: QUEST-LILE FUNERAL HOME RICHMOND, MISSOURI. per Geo. D. Lile

(Licensed Embalmer's Statement on Reverse Side)

730

Post. act. 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 406.6

P. O. Address Richmond

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