

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42222**
Registrar's No. **54**

FILED DEC 18 1956

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (in this place) 6 YRS.	c. CITY OR TOWN PARIS d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION W. CALDWELL		e. STREET ADDRESS (If rural, give location) W. CALDWELL	

3. NAME OF DECEASED (Type or Print)	a. (First) MIKE	b. (Middle)	c. (Last) PECK	4. DATE OF DEATH (Month) (Day) (Year) DEC. 10 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 25, 1865	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 1 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and State or Foreign Country) ANORA IN CO., MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JERRY PECK	13b. MOTHER'S MAIDEN NAME NANCY YOUNG	14. NAME OF HUSBAND OR WIFE ELIZABETH PECK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME TAYLOR PECK, PARIS MO.	ADDRESS PARIS MO.
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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* Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 2, 1955** to **DEC 10, 1956**, that I last saw the deceased alive on **DEC 10, 1956**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. Bunnell	(Degree or title) M.D.	23b. ADDRESS PARIS MO.	23c. DATE SIGNED 12-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-12-56	24c. NAME OF CEMETERY OR CREMATORY LONG BRANCH CEM.	24d. LOCATION (City, town, or county) (State) MONROE CO., MO.
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DATE REC'D BY LOCAL REG. 12-11-56	REGISTRAR'S SIGNATURE F. A. Barned	25. FUNERAL DIRECTOR'S SIGNATURE Spilledo Blakey	ADDRESS PARIS, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

435

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. *4000*

P. O. Address *Paris, Mo.*

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.