

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7456**

FILED MAR 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>Kirksville, Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Nursing Home #2</b>		STREET ADDRESS (If rural, give location) <b>1109 North Don St.,</b>	

3. NAME OF DECEASED (Type or Print) <b>Elmer Peavler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 8 57</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 17, 1869</b>		9. AGE (In years last birthday) <b>87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LeRoy, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Mart Peavler</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Head</b>		14. NAME OF HUSBAND OR WIFE <b>x</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Glovis Peavler, Kirksville, Mo.</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cachexia et Inanition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Month</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cholangitis et Chronic Hepatitis</b>		<b>3 Months</b>	
		DUE TO (c) <b>Chronic Cholelithiasis</b>		<b>years</b>	
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? <b>2</b> 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) <b>584x</b>	
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 **Jan 16, 1957**, to **March 8, 1957**, that I last saw the deceased alive on **March 8, 1957**, and that death occurred at **9:45** m., from the causes and on the date stated above.

23a. SIGNATURE <b>George H. Schauer, M.D.</b>		(Degree or title) _____		23b. ADDRESS <b>Adair, Kirksville, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/10/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>North Salem Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Linn County, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>3.10-1957</b>		REGISTRAR'S SIGNATURE <b>Darin W. Ratliff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kirksville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

57 25 0

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 *Kenneth R. Hayes*.....

Licensed Embalmer No. *4896*

P. Q. Address *Kirkville, Va.*

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.