

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9796**

FILED APR 2 - 1957

BIRTH NO. _____		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 99					
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS							
b. CITY OR TOWN BONNE TERRE		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN FARMINGTON		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE				e. STREET ADDRESS (If rural, give location) P.R.#1 0940D							
3. NAME OF DECEASED (Type or Print)		a. (First) MARTHA		b. (Middle) L		c. (Last) PEASE					
4. DATE OF DEATH		Month MARCH		Day 26		Year 1957					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT. 4, 1883					
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 5 Days 22		IF UNDER 6 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) STE GENEVIEVE Co., Mo.					
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME O. P. MCGARVER		13b. MOTHER'S MAIDEN NAME MARGARET BOYD		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Frye, RFD#1, Farmington, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease</p> <p>INTERVAL BETWEEN ONSET AND DEATH 3 yrs</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death Cerebral Hemorrhage</p> <p>Uremia</p> <p>INTERVAL BETWEEN ONSET AND DEATH 5 yrs 10 days</p>											
				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4200			
				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 3-10-56 19 56 , to 3-26 19 57 , that I last saw the deceased alive on 3-25-57 19 57 , and that death occurred at 6:00 p.m., from the causes and on the date stated above.											
23a. SIGNATURE C. E. Carleton M.D.				23b. ADDRESS Farmington Mo.		23c. DATE SIGNED 3-27-57					
24a. BURIAL, CREMATION-REMOVAL (Specify) BURIAL		24b. DATE 3/28/57		24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		24d. LOCATION (City, town, or county) (State) FARMINGTON, Mo.					
DATE REC'D BY LOCAL REG. 3-27-57		REGISTRAR'S SIGNATURE Cather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funerals Home, Farmington, Mo.							

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

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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 *Paul H. Dugal* _____

Licensed Embalmer No. *4120* _____

P. O. Address *Farmington* _____

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.