

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 27 5 67
STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 878

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|--|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Arkview Sunnyslope Nursing Home | | Length of stay in 1b 23 yrs | d. STREET ADDRESS (If outside, give location) 204 E. Cliff St. | | Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Miranda Katherine Peabody | | | 4. DATE OF DEATH Aug. 9, 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 18, 1869 | 9. AGE (In years last birthday) 87 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and state or country) Buchanan County, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Albert R. Hawley | | 13b. MOTHER'S MAIDEN NAME Elizabeth Kirschner | | 14. NAME OF HUSBAND OR WIFE Samuel G. Peabody | |
| 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 Address Mrs. Mary Finch, 204 E. Cliff St. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebral Hemorrhage | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | | | | Unk. |
| DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from 7/31/57 to 8/9/57 and last saw her alive on 8/8/57 Death occurred at 3:10 p m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Collis Proudy M.D. | | | 22b. ADDRESS Social Welfare Board 10th & Olive, Patee Hall St. Joseph, Mo. | | 22c. DATE SIGNED 8/10/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Aug. 11, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery | | 23d. LOCATION (City, town, or county) (State) Buchanan Co. Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo. | | | 25. DATE RECD. BY LOCAL REG. Aug. 16, 1957 | 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

7037301

EXHIBIT
STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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 *Em A Clark*

Licensed Embalmer No. 4238
P. O. Address *Joseph*

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.