

Hallgren with
FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005269

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 725

300
-57

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hosp. 5 Wcs.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>116 E. Grand River St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mable</u> Middle <u>S.</u> Last <u>Peck</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>14,</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 17, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Urich, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alva Worth Sigler</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Ermin Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Grover L. Peck</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Grover L. Peck, 116 E. Grand River St.</u> Address <u>Clinton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic myocarditis</u>			<u>2 years.</u>
DUE TO (c) <u>Hypertension</u>			<u>2 years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) <u>4201</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>January 1957</u> to <u>February 1958</u> and last saw her alive on <u>Feb 14, 1958</u> Death occurred at <u>4:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. R. S. Hallgren M.D.</u>		22b. ADDRESS <u>Clinton Missouri</u>	22c. DATE SIGNED <u>2/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 16, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>
24. FUNERAL DIRECTOR <u>H. A. Busant, Clinton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-15-58</u>	26. REGISTRAR'S SIGNATURE <u>Melmed Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 19 1958

JAN 26 1962

APR 20 1961

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 *H.A. Vansant*

Licensed Embalmer No. *3779*
P. O. Address: *Blustone, Md*

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.