

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017154

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 373

Primary Registration District No. 6269 ~~4565~~

Registrar's No. 16

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|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO b. COUNTY WEBSTER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSARK T.S. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN MARSHFIELD RY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) 4 mi SE. 1120 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR D PEAT | | | 4. DATE OF DEATH Month Day Year APR 30 1958 |
| 5. SEX MALE | 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 MAR 6 1878 |
| 9. AGE (In years last birthday) 80 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER | 11. BIRTHPLACE (City and state or country) ILLINOIS I |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME THOMAS PEAT | |
| 14. MOTHER'S MAIDEN NAME PHOEBE ARMOUR | | 15. NAME OF HUSBAND OR WIFE | |
| 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 17. SOCIAL SECURITY NO. --- | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPSIS DECUBITAL CELLULITIS CAUSED BY PROLONGED RECUMBENCY DUE TO (b) ARTERIO SCLEROSIS + BILATERAL AMPUTATION OF LOWER EXTREMITIES DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH 4500 | |
| 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 WORK <input type="checkbox"/> 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 1-30-54 to 4-20-58 and last saw him alive on 4/18/58 Death occurred at 1130 P on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) [Signature] | | 22b. ADDRESS 100 1/2 Marshallfield, Mo. | |
| 22c. DATE SIGNED 4/20/58 | | 23a. BURNAL, CREMATION, REMOVAL (Specify) REMOVAL | |
| 23b. DATE 4-23-1958 | | 23c. NAME OF CEMETERY OR CREMATORY MORRISONVILLE | |
| 23d. LOCATION (City, town, or country) (State) MORRISONVILLE ILL | | 24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD | |
| 25. DATE RECD. BY LOCAL REG. 4/20/58 | | 26. REGISTRAR'S SIGNATURE [Signature] | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, doctor, nurse or other authorized representative in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *George Stapp*

Licensed Embalmer No. *3161*

P. O. Address *Mt. Laurel, 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.