

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025202

STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 653A

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO 1120 b. COUNTY WEBSTER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN MARSHFIELD |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE | | Length of stay in lb 1 DAY | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) LAYERNE RANDY PEAK | | | 4. DATE OF DEATH Month Day Year JUNE 22 1958 |
| 5. SEX <input type="radio"/> MALE <input type="radio"/> FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MAY 3 1958 |
| 9. AGE (If years last birthday) 1 19 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13a. FATHER'S NAME CHARLIE PEAK | |
| 13b. MOTHER'S MAIDEN NAME NINA YATES | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | 17. INFORMANT CHARLIE PEAK Address MARSHFIELD |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho Pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pyloric Stenosis with Aspiration | | | DUE TO (c) 7560 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition, Chronic | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 seen by an interne shortly before death. Death occurred at 6:30 P on the date stated above and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James R. Amos M.D. (Degree or title) Officer | | 22b. ADDRESS Greene County Health Dept. | 22c. DATE SIGNED 7/22/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 6-25-1958 | 23c. NAME OF CEMETERY OR CREMATORY BASSVILLE | 23d. LOCATION (City, town, or county) (State) BASSVILLE MO |
| 24. FUNERAL DIRECTOR BARBER-EDWARDS ADDRESS MARSHFIELD | | 25. DATE RECD. BY LOCAL REG. 6-22-58 | 26. REGISTRAR'S SIGNATURE Effie G. Melton |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature 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 *Not Embalmed*

Licensed Embalmer No.....

P. O. Address.....

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.