

nt. Health,
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026614

STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. 294 Primary Registration District No. 3057 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rayville, RFD #1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clemens Rest Home		Length of stay in 1b 1 Wk.	d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First David Middle Last Peoples			4. DATE OF DEATH Month July Day 15 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10/1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done at present or working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Peoples		13b. MOTHER'S MAIDEN NAME Mary Graybeal		14. NAME OF HUSBAND OR WIFE Etta Clark Peoples	
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 Floyd Peoples Address Rayville RFD #1		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Atherosclerosis DUE TO (c) 331X					INTERVAL BETWEEN ONSET AND DEATH 1 Month
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 1-20-57 to 7-15-58 and last saw ^{him} alive on 7-15-58 Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Thomas D. Gonyea M.D. (Degree or title)			22b. ADDRESS 110 S. College - Richmond, Mo.		22c. DATE SIGNED 7/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/17/58	23c. NAME OF CEMETERY OR CREMATORY Knoxville Cemetery		23d. LOCATION (City, town, or county) (State) Knoxville, Missouri	
24. FUNERAL DIRECTOR Quest-Eile Funeral Home Richmond, Missouri			25. DATE RECD. BY LOCAL REG. 7-18-1958	26. REGISTRAR'S SIGNATURE Maluf Jackson	

use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

