

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028589
STATE FILE NUMBER

FILED SEP 10 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CLINTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLINTON 0250 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COMMUNITY		Length of stay in lb 6 weeks	d. STREET ADDRESS (If outside, give location) 3 MI. S E of Cameron
3. NAME OF DECEASED (Type or print) First Middle Last FRANK S Peck			4. DATE OF DEATH Month Day Year Sept 2 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-23-1875
9. AGE (In years) 83		FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY self.	11. BIRTHPLACE (City and state or country) Washington Pa.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Peck	
13b. MOTHER'S MAIDEN NAME Elizabeth Bagg		14. NAME OF HUSBAND OR WIFE Olive L. Peck	
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. 498-42-3373	17. INFORMANT Olive L. Peck Address Cameron Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma prostate			INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			177X
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 Feb 3, 1950 to Sept 2, 1958 and last saw her alive on Sept 1958 Death occurred at _____ in or the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F D Kimes M D (Degree or title)		22b. ADDRESS Cameron Mo	22c. DATE SIGNED 9-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Sept 4-58	23c. NAME OF CEMETERY OR CREMATORY ROSE HILL	23d. LOCATION (City, town, or county) (State) Breckenridge Mo
24. FUNERAL DIRECTOR Poland Funeral Home, Cameron ADDRESS		25. DATE RECD. BY LOCAL REG. 9-4-58	26. REGISTRAR'S SIGNATURE Francis D Crawford

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 Robert Z Poland

Licensed Embalmer No. 4777
P. O. Address Cameron

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.