

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039400

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 100

Primary Registration District No.

Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Norman Township		c. CITY OR TOWN Norman Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rte 2, Salem, Mo		d. STREET ADDRESS Rte 2, Salem, Mo.	
Length of stay in lb 48 years		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DELLA MAE PECK			4. DATE OF DEATH Month Day Year Nov. 13 1958
5. SEX Female	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 May 4 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Dent County, Missouri
13a. FATHER'S NAME George L. Plank		13b. MOTHER'S MAIDEN NAME Nancy Ann Blackwell	14. NAME OF HUSBAND OR WIFE Elmer 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. None	17. INFORMANT Elmer Peck Address Route 2, Salem, 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) General debility due to carcinoma of the stomach which metastasized to liver			INTERVAL BETWEEN ONSET AND DEATH 2 or 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			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 <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 March 12, 58 to Nov 13, 58 and last saw him alive on Nov 7, 58 Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard E. Fryers D.O. (Degree or title)		22b. ADDRESS Newburg, Mo	22c. DATE SIGNED Nov 14, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 15 1958	23c. NAME OF CEMETERY OR CREMATORY Edgar Cemetery
23d. LOCATION (City, town, or county) Dent County Missouri			
24. FUNERAL DIRECTOR Max L. Warfel ADDRESS Salem, Mo.		25. DATE RECD. BY LOCAL REG. 11/13/58	26. REGISTRAR'S SIGNATURE M. M. Hart, M.D. by A. M.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, Mo

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.