

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023922

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 360 Primary Registration District No.

6225 Registrar's No. 100

S. 300
r. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>-</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>CLINTON, MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE HOSP #3, 4647 1/2, 40 S. MAIN ST., 15 DAYS</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>404 - N. - 2ND</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILBUR</u> Middle <u>HARRISON</u> Last <u>PEACE</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>6</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPT. 17, 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		9. AGE (In years last birthday) <u>77</u>	
13a. FATHER'S NAME <u>HARRY HARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN NEVINS</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH PEACE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>HOSP. RECORDS - STATE HOSP #3, 4647 1/2, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>					INTERVAL BETWEEN ONSET AND DEATH <u>FEW MINUTES</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENERALIZED ART. SCL.</u>					<u>44 YEARS</u>
DUE TO (c) <u>-</u>					<u>-</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>FRACTURE OF FEMUR 3 WEEKS AGO</u>					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.) <u>/</u>			
20c. TIME OF INJURY Hour <u>/</u> Month <u>/</u> Day <u>/</u> Year <u>/</u> a.m. <u>/</u> p.m. <u>/</u>		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.) <u>/</u>		20f. CITY, TOWN, OR LOCATION <u>/</u>		COUNTY <u>/</u> STATE <u>/</u>	
21. I attended the deceased from <u>DEC. 22 1958</u> to <u>JUNE 6 1959</u> and last saw her alive on <u>JUNE 6 1959</u> Death occurred at <u>11:10 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Ink or title) <u>George Osker M.D.</u>			22b. ADDRESS <u>STATE HOSP #3, 4647 1/2, MO</u>		22c. DATE SIGNED <u>6-6-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lucy's Summit</u>		23d. LOCATION (City, town, or county) (State) <u>Lucy's Summit, Missouri</u>
24. FUNERAL DIRECTOR <u>George Fred Summit Home, Lucy's Summit, Mo.</u>		ADDRESS <u>Lucy's Summit, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-6-59</u>	26. REGISTRAR'S SIGNATURE <u>Orval E. Perry</u>

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 *L. Stephen Ferry*

Licensed Embalmer No. *4960*

P. O. Address. *Memphis, Tenn.*

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.