URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 9 1959

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 45

59-029863
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Versailles
Length of stay in 1b: Transit
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Gunn Clinic
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Morgan
c. CITY OR TOWN: Versailles
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 M. W. Versailles
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: William Last: Peek
4. DATE OF DEATH Month: Aug. Day: 30 Year: 1959
5. SEX: Male
6. COLOR OR RACE: Cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 7-07
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Carthage, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Marion Peek
13b. MOTHER'S MAIDEN NAME: Elizabeth Alexander
14. NAME OF HUSBAND OR WIFE: Clarica Peek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs Clarica Peek Address: Versailles, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4:45 p.m. 8-30-59 to 5:00 p.m. 8-30-59 and last saw him alive on 8-30-59
Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray Fyle, M.D.
22b. ADDRESS: Versailles, Mo.
22c. DATE SIGNED: 8-31-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 1-59
23c. NAME OF CEMETERY OR CREMATORY: Versailles Cemetery
23d. LOCATION (City, town, or county) (State): Versailles, Mo.
24. FUNERAL DIRECTOR: Bidwell Funeral Home ADDRESS: Versailles, Mo.
25. DATE RECD. BY LOCAL REG.: 8-31-59
26. REGISTRAR'S SIGNATURE: J L Wash

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond C. Hooker

Licensed Embalmer No. 4626

P. O. Address Versailles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.