

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032952

FILED VS. OCT 6 1959 175

Registration District No. 4275 Registrar's No. 98

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lawrence		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Marionville		Length of stay in 1b 3 weeks	c. CITY OR TOWN Marionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 404 Missouri Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 404 Missouri Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Earnest Middle Alexander Last Peery			4. DATE OF DEATH Month October Day 1 Year 1959		
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-14-1907	9. AGE (last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cafe work	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Warrensburg, Mo.	12. CITIZEN OF WHAT COUNTRY U, S, A,	
13a. FATHER'S NAME Stephen A. Peery		13b. MOTHER'S MAIDEN NAME Loucinda Whitely		14. NAME OF HUSBAND OR WIFE _____	
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. 491-32-5771	17. INFORMANT Carl Peery, Marionville, Missouri		
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 Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
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				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
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 Sept. 19-1959 to Oct 1, 1959 and last saw him alive on Oct 1-1959 Death occurred at 3:50 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. S. Giddens M.D. (Degree or title)			22b. ADDRESS Home, Mo		22c. DATE SIGNED 10-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/4/59	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	23d. LOCATION (City, town, or county) (State) Marionville, Mo.		
24. FUNERAL DIRECTOR J. B. Sumidge ADDRESS Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 10-4-1959	26. REGISTRAR'S SIGNATURE Oral McRatt		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William A. Felt

Licensed Embalmer No. 4658

P. O. Address Marion

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