

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033068

FILED VS SEP 24 1959

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 290

UNRECORDED

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion					
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		Length of stay in 1b		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1012 Center St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mamie Middle Bell Last Peak				4. DATE OF DEATH Month Sept Day 20 Year 1959					
5. SEX F		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-8-95		9. AGE (last birthday) 64 IF UNDER 1 YEAR Months 5 Days 12 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Strother Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME A.B. Rundle			13b. MOTHER'S MAIDEN NAME WANNETT			14. NAME OF HUSBAND OR WIFE Lewis R. Peak			
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.		17. INFORMANT Address Mrs Thelma Crews, Hannibal 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) Sardinia's arrest DUE TO (b) myocardial infarction DUE TO (c) arteriosclerosis, general - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 12 hrs.		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year 									
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 20 Sept , to 20 Sept 1959 and last saw her/him alive on 20 Sept 1959 Death occurred at 10:10AM m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Wyneth Hornblin MD				22b. ADDRESS Hannibal Mo				22c. DATE SIGNED 9/21/59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-23-59	23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery			23d. LOCATION (City, town, or county) (State) Mexico Audrain, Missouri			
24. FUNERAL DIRECTOR ADDRESS Smith's Funeral Home Hannibal Mo.				25. DATE RECD. BY LOCAL REG. 9-22-59		26. REGISTRAR'S SIGNATURE Dr. E.M. Luchty, V.C. Fisher			

(Licensed Embalmer's Statement on Reverse Side)

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal, Missc

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.