IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 8 1960

Registration District No. 13 Primary Registration District No. 4026 Registrar's No. 44

60-009802
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Purdy
Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Purdy
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Sarah Middle: F. Last: Peck
4. DATE OF DEATH Month: Mar. Day: 23 Year: 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH Oct. 2-1862
9. AGE (last birthday) 97
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and state or country) Jenkins Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Daniel Clark
13b. MOTHER'S MAIDEN NAME Anna Molten
14. NAME OF HUSBAND OR WIFE S. A. Peck Sr. (Dec'd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Ross Peck, Cassville Mo Address

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory Failure	30 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterial Sclerosis	Indef
DUE TO (c)	Senility	Indef

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 Feb 9, 1958, to Mar 23, 1960 and last saw he/she alive on March 23, 1960
Death occurred at 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Elmit Howell D.O. (Degree or title)
22b. ADDRESS Purdy, Mo.
22c. DATE SIGNED 3/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 26-1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery
23d. LOCATION (City, town, or county) South of Purdy (State) Mo.

24. FUNERAL DIRECTOR Bennett-Wormington, Monett Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 3-26-60
26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4213

P. O. Address _____

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.