

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 15 1960

-60-037676
 STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5172 Registrar's No. 308

ENDED

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shamrock TWP		Length of stay in 1b YRS		c. CITY OR TOWN RFD #2, Martinsburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION RFD #2, Martinsburg			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Shamrock TWP		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First RUTH Middle C. Last PEERY				4. DATE OF DEATH Month November Day 4 , Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-16-90	9. AGE (last birthday) 70	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 Home		11. BIRTHPLACE (City and state or country) Shamrock, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME James P. Covington			13b. MOTHER'S MAIDEN NAME Lucy Lail			14. NAME OF HUSBAND OR WIFE Lester Peery			
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. 499-40-0859-B		17. INFORMANT RFD #2 Lester Peery, Martinsburg, 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) Carcinoma of Stomach							INTERVAL BETWEEN ONSET AND DEATH 6 mos		
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. <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 <u>10/2/60</u> to <u>11/2/60</u> and last saw her <u>11/2/60</u> alive on _____ Death occurred at <u>11/4/60</u> <u>12:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Willis H. Waller</i>				22b. ADDRESS <i>Wallerville Mo</i>				22c. DATE SIGNED <u>11/7/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-6-60	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		23d. LOCATION (City, town, or county) Callaway Co., Mo.				
24. FUNERAL DIRECTOR Arnold Funeral Home				ADDRESS 510 S. Washington Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 2 - 1960		26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 9 1961

DEC 12 1960

JAN 10 1961

MAR 15 1961

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 Richard T. M. Dewa

Licensed Embalmer-No. 482

P. O. Address Moisic

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..