MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-000078

FILED VS JAN 17 1961

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 9

STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Audrain Hospital
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico, — Length of stay in 1b: minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Audrain County — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Boone
c. CITY OR TOWN: Centralia — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 633 N.Allen St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lemuel Middle: Floyd Last: Peery

4. DATE OF DEATH: Month: Jan Day: 10 Year: 1961

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/31/88
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months 9 Days 9 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): near Floyd, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Lemuel Alfred Peery
13b. MOTHER'S MAIDEN NAME: Emma Brown
14. NAME OF HUSBAND OR WIFE: Clara Josephine 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.: None
17. INFORMANT: Mrs. Clara Peery, Address: Centralia, 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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerosis — unknown
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

MEDICAL CERTIFICATION

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 July 11, 1952, to January 10, 1961 and last saw ~~her~~ him alive on Jan. 10, 1961
Death occurred at 4:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. Lachance, M.D. L. Lachance, M.D.
22b. ADDRESS: 110 W. Sneed - Centralia, Mo.
22c. DATE SIGNED: 1-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan. 13, 1961
23c. NAME OF CEMETERY OR CREMATORY: Laddonia
23d. LOCATION (City, town, or county) (State): Laddonia, Mo.

24. FUNERAL DIRECTOR: Bill G. Meador ADDRESS: Centralia, Missouri
25. DATE RECD. BY LOCAL REG.: January 11-1961
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bill J. Meador

Signature of Student Embalmer

Licensed Embalmer No. 4876

P. O. Address Ontralia, Mass

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.