

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013018

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 4122

STATE FILE NUMBER

AMENDED

**FILED MAY 4 1961**

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nixa</u>		Length of stay in 1b <u>7 years</u>	c. CITY OR TOWN <u>Nixa</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>no street address</u>
3. NAME OF DECEASED (Type or print) First <u>Lydia</u> Middle <u>Low</u> Last <u>Peebles</u>			4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/20/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>74</u>
11. BIRTHPLACE (City and state or country) <u>Christian Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>E. E. Frazier</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret J. Sharp</u>	
14. NAME OF HUSBAND OR WIFE <u>Horatio B. Peebles</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Rev. D. S. Frazier, Republic, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRONCHO PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>29-36 HRS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CEREBRAL THROMBOSIS, SECONDARY CEREBRAL ARTERIOSCLEROSIS</u>			<u>24-36 HRS</u>
DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>			<u>20 YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> <u>CHOLELITHIASIS</u> <u>CHOLECISTITIS</u> <u>CARCINOMA LEFT BREAST - OPERATED 1957</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u>---</u>	
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>30 AUGUST 1960</u> to <u>23 APRIL 1961</u> and last saw her alive on <u>23 APRIL 1961, 9:00 AM</u> Death occurred at <u>3:55</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dwight B. Rogers, M.D.</u>		(Degree or title)	22b. ADDRESS <u>NIXA, MISSOURI</u>
22c. DATE SIGNED <u>27 APRIL 1961</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/25/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clever Missouri</u>
24. FUNERAL DIRECTOR <u>Alan Harris,</u>	ADDRESS <u>Clever, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 1, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Oline Hutter</u>

DATE AMENDED

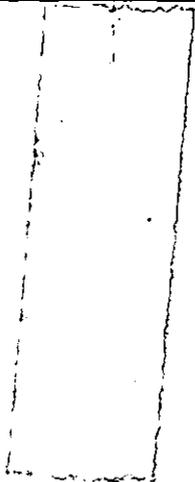
INSTEAD OF

ITEM NO. SHOULD READ

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 *J. Allen Harris*

Licensed Embalmer No. 4340

P. O. Address Cleves, Mo.

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.