

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018284

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 174

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED MAY 18 1961

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Length of stay in lb 5 hrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Marion
 c. CITY OR TOWN Hannibal Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3014 W Bird St Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Norman William Peikett
 4. DATE OF DEATH Month Day Year 5 - 14 - 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 1-27-16 9. AGE (last birthday) 45 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) Mechanic 10b. KIND OF BUSINESS OR INDUSTRY State Highway (Mo) 11. BIRTHPLACE (City and state or country) Bevier, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Peikett 13b. MOTHER'S MAIDEN NAME Anna Osman 14. NAME OF HUSBAND OR WIFE Mary Peikett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mary Peikett 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) Myocardial Infarction, posterior Massive INTERVAL BETWEEN ONSET AND DEATH few hours
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Occlusion Rt Coronary Artery few hours
 DUE TO (c) Coronary sclerosis unknown

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 _____ to _____ and last saw her/him alive on _____. Death occurred at 1:50 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Larry L. Sweets Jr MD Corner 22b. ADDRESS Hannibal Mo 22c. DATE SIGNED 5/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-16-1961 23c. NAME OF CEMETERY OR CREMATORY Grand View Cemetery 23d. LOCATION (City, town, or county) (State) Hannibal, Mo.

24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home - Hannibal, Mo. 25. DATE RECD. BY LOCAL REG. 5/15/61 26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Norman

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



Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.