

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011722

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 179962 Primary Registration District No. --- Registrar's No. 23

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>E. DRIDGE RURAL</u> Length of stay in 1b <u>4 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> c. CITY OR TOWN <u>Buffalo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1/2 Mi. S. of Buffalo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>JOHN</u> Middle <u>H.</u> Last <u>PEELE</u>			<b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>4</u> Year <u>1962</u>		
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
<b>8. DATE OF BIRTH</b> <u>March 23, 1872</u>			<b>9. AGE</b> (last birthday) <u>90</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>general</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Dallas Co., Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>			<b>13a. FATHER'S NAME</b> <u>John Peele</u>		
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Harriet Taylor</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>---</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service) <u>no</u>			<b>16. SOCIAL SECURITY NO.</b> <u>---</u>		<b>17. INFORMANT</b> <u>R. F. Peele</u> Address <u>Long Lane Mo.</u>
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> years DUE TO (c) <u>---</u>					
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour <u>---</u> a.m. <u>---</u> p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <u>---</u> <b>STATE</b> <u>---</u>	
<b>21. I attended the deceased from</b> <u>4-3-62</u> to <u>4-4-62</u> and last saw her/him alive on <u>4-3-62</u> Death occurred at <u>8:20</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>B. B. Hunt, M.D.</u>			<b>22b. ADDRESS</b> <u>Lebanon, Mo.</u>		<b>22c. DATE SIGNED</b> <u>4-5-62</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>23b. DATE</b> <u>April 7, 1962</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Liberty Cem.</u>	
<b>23d. LOCATION</b> (City, town, or county) <u>Dallas Co., Mo.</u>		<b>24. FUNERAL DIRECTOR</b> <u>L. B. Jones</u> ADDRESS <u>Buffalo, Mo.</u>			
<b>25. DATE RECD. BY LOCAL REG.</b> <u>4-5-1962</u>			<b>26. REGISTRAR'S SIGNATURE</b> <u>Albela L. Hogg</u>		

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 1 0530  
 2 0304  
 3  
 4 0  
 5 2  
 6  
 7 0  
 8 2  
 9 4200  
 10  
 11 286-0  
 13 1-0  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 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 R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, 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.

Permit Serial 4-5-1962 AD-R. H.