

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037964

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3011 Registrar's No. 136 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY CHARITON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARROLLTON		Length of stay in 1b 1 DAY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WETZEL HOSPITAL		d. STREET ADDRESS (If outside, give location) 1 MILE WEST OF BRUNSWICK	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES HENRY PEDDICORD		4. DATE OF DEATH Month Day Year OCT. 26 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-31-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) GLASGOW, MISSOURI
13a. FATHER'S NAME SAMUEL PEDDICORD		13b. MOTHER'S MAIDEN NAME LOUISA WINKLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Wm. Bonnie Wilhoit Dalton Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Nephritis DUE TO (b) Chronic Diabetic DUE TO (c) R Leg was amputated last July 1962		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had one stroke		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 Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from April 2-1961 to Oct 26-1962 and last saw ^{her} him alive on Oct 26-1962 Death occurred at 7 pm Oct-26 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. E. Eger D.D.		22b. ADDRESS Brunswick Mo	
22c. DATE SIGNED 10/27-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 28, 1962	
23c. NAME OF CEMETERY OR CREMATORY DALTON CEMETERY		23d. LOCATION (City, town, or county) DALTON MISSOURI	
24. FUNERAL DIRECTOR Herzfeld Koch, Brunswick, Mo.		25. DATE RECD. BY LOCAL REG. 10-28-62	
		26. REGISTRAR'S SIGNATURE Ann (Alvina) Hill Moore	

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 William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, 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.