

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033091

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 168

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 29 1963**

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>X</u> b. COUNTY <u>X</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>X</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>(If outside, give location)</u> <u>X</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Karen</u> Middle <u>Sue</u> Last <u>Peek</u>			4. DATE OF DEATH Month <u>August</u> Day <u>15</u> Year <u>1963</u>	
---	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-14-63</u>	9. AGE (last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------	---------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and state or country) <u>Hayti, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Charles R. Peek</u>	13b. MOTHER'S MAIDEN NAME <u>Wanda Lee Workman</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of)	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT Address <u>Charles R. Peek R. 1 Pontageville, Mo.</u>
---	----------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Immaturity lived 30 hours</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <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.)
---	---	--

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>8-14-63</u> to <u>8-15-63</u> and last saw her alive on <u>8-15-63</u>	
Death occurred at <u>6:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Pontageville, Mo.</u>	22c. DATE SIGNED <u>8-16-63</u>
---	---------------------------------------	---------------------------------

23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-16-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
---	--------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <u>Osborn Funeral Home, Wardell, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-20-63</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>
--	---	--

VS 300  
Rev. 4/59  
10781  
29  
3  
41  
50  
6  
70  
82  
9776X  
10  
11  
120  
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

**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 Body was not embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed James G. Daburn

Licensed Embalmer No. 4785

P. O. Address Wardell, 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.