

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13058**

BIRTH NO. _____		REG. DIST. NO. <u>194</u>		PRIMARY REG. DIST. NO. <u>5711</u>		Registrar's No. <u>2</u>		
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkorn</u>		c. LENGTH OF STAY (In this place) <u>75</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkorn</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles S.E. of Stella</u>				d. STREET ADDRESS (If rural, give location) <u>2 Miles S.E. of Stella Mo</u>				
3. NAME OF DECEASED (Type or Print) <u>James Monroe Peacock</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
		<u>4</u>		<u>9</u>		<u>49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>12/23/1867</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>			11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Peacock (Deceased)</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'S SIGNATURE OR NAME <u>Doss Peasley</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9-1-49</u> <u>4-9-49</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>9-1-</u> , 19 <u>49</u> , to <u>4-9-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-8-</u> , 19 <u>49</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Cardinal M.W.</u> (Degree or title)				23b. ADDRESS <u>Stella Mo.</u>		23c. DATE SIGNED <u>4/10/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 1/2 miles South Stella Mo</u>		
DATE REC'D BY LOCAL REG. <u>April 12, 1949</u>		REGISTRAR'S SIGNATURE <u>P. E. Plummer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marcell Tague</u>		ADDRESS <u>Wheaton Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6,
District File Number 449-459
Date Filed 4-16-49

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. 308

working under my personal supervision.

Student James K. Duncan
Student Embalmer

Signed Wm. Marie Bogue

Licensed Embalmer No. 3442

P. O. Address Wheaton 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 this body is not embalmed, fact should be so stated above.