No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33723

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5557 Registrar's No. 29

46 0 0

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

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "R" Sisson Twp.
c. LENGTH OF STAY (in this place): 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Plains, Mo. Rt. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "R" Sisson Twp.
d. STREET ADDRESS (If rural, give location): West Plains, Mo. Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): FELIX
b. (Middle): GRUNDY
c. (Last): PEACE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1949

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 18, 1876
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Peace Valley, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Elgin Peace
13b. MOTHER'S MAIDEN NAME: Mary Wright
14. NAME OF HUSBAND OR WIFE: Hattie Brown Peace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 542-18-4054
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Cecil Peace, West Plains, Mo., R 2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer small bowel — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
153X

19a. DATE OF OPERATION: 8/25/49
19b. MAJOR FINDINGS OF OPERATION: Multiple ca small bowel with perforation and large abscess
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-17, 1949, *to* 10-13, 1949, *that I last saw the deceased alive on* 10-7, 1949, *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G B Stoll MD
23b. ADDRESS: West Plains, Mo. MO.
23c. DATE SIGNED: 10/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 17, 1949
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cem.
24d. LOCATION (City, town, or county) (State): Peace Valley, Mo.

DATE REC'D BY LOCAL REG.: 10-24-49
REGISTRAR'S SIGNATURE: Laura Mitchell 126
25. FUNERAL DIRECTOR'S SIGNATURE: Hal Thornburgh
ADDRESS: West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11/1/49
District Health Officer No. 5,
District File Number 1149 676
Date Filed 11/3/49

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. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.