

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Glenn
State File No. 30036
Registrar's No. 890

0396
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BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 890			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield		c. LENGTH OF STAY (In this place) 25 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		d. STREET ADDRESS (If rural, give location) 853 S. Campbell			
d. FULL NAME OF HOSPITAL OR INSTITUTION (D.O.A.) Baptist Hosp.									
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Franklin c. (Last) Peer			4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1950						
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7		8. DATE OF BIRTH May 18 1883			
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Peer			10b. KIND OF BUSINESS OR INDUSTRY Hardware Co.		11. BIRTHPLACE (State or foreign country) Jerico Springs, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James Peer			13b. MOTHER'S MAIDEN NAME Sarah Currico			14. NAME OF HUSBAND OR WIFE Lillie Peer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Peer			ADDRESS Springfield, Mo.	
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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u> <u>4200</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Sept 9 1950		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>3-7, 1950 to 10-10, 1950</u> that I last saw the deceased alive on <u>Sept 9, 1950</u> , and that death occurred at <u>7:30pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>10-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Mo.			
DATE RECD BY LOCAL REG. 10-13-50		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer				ADDRESS Springfield, Mo.	

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

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 *R.H. McCarroll* _____

Licensed Embalmer No. *2727* _____

P. O. Address *Springfield 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.