

FILED SEP 18 1950

STANDARD CERTIFICATE OF DEATH

M. Castle  
State File No. 31242

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 8-1

1. PLACE OF DEATH a. COUNTY <u>Peoria</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Peoria</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Counthorntly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Counthorntly</u>	
c. LENGTH OF STAY (If this place) <u>38</u>		d. STREET ADDRESS (If rural, give location) <u>So. Ward</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saulty Ward. ave.</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLIAM J DECK</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>Sept-5-1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan-9-1876</u>	9. AGE (In years last birthday) <u>74</u>

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Outfit account</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>auditing</u>	11. BIRTHPLACE (State or foreign country) <u>Farmington Ohio</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Fletcher W. Peck</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Leavelle Peck</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Give no. and date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ma. Leavelle Peck</u>	ADDRESS <u>Peck</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis (Bronchial) Pulmonary</u>		<u>49ix</u> <u>12/25</u>
	ANTECEDENT CAUSES Morbidity 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. <u>Potential Hypertension</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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 Jan 1, 1946, to Sept 5, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. D. Castle M.D.</u>	23b. ADDRESS <u>Central Heights Mo</u>	23c. DATE SIGNED <u>9/10/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-7-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Counthorntly Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-16-1950</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Wilkins</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>J. Foye and Co.</u>	ADDRESS <u>Counthorntly Mo.</u>
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No. 300  
10-48

782

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

9-50-254

1951

State of Missouri, Health Department  
Peweesville, Missouri  
Cassville, Missouri

850

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

*Paul R. Moor*

Licensed Embalmer No. 4636

P. O. Address *Cassville, 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.