

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40179

State File No. _____
Registrar's No. 288

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5 miles west Boonville Rd., 1

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital d. STREET ADDRESS Ryo (If rural, give location) (Elston) Jefferson City, Missouri

3. NAME OF DECEASED a. (First) Allen Thurman b. (Middle) _____ c. (Last) Peden

4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1950

5. SEX Male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married

8. DATE OF BIRTH Aug 1, 1867 **9. AGE** (In years last birthday) 83 IF UNDER 1 YEAR Months 4 Days 17 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroader Mo. Pacific **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (State or foreign country) Salem, Indiana **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Charles Peden **13b. MOTHER'S MAIDEN NAME** Rebecca Davis **14. NAME OF HUSBAND OR WIFE** Eva Dora Peden

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.** no

17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Peden-Jefferson City, Mo. **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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Regularity
ANTECEDENT CAUSES Due to (b) S. S. cerebral
Due to (c) Thrombosis (S. S. cerebral)

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

INTERVAL BETWEEN ONSET AND DEATH 10 yrs
2 weeks
3 3/4

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

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) _____ **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 Dec 14, 1950, to Dec 17, 1950 that I last saw the deceased live on Dec 17, 1950 and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) _____ **23b. ADDRESS** Jefferson City, Missouri **23c. DATE SIGNED** 12-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Dec. 20, 1950 **24c. NAME OF CEMETERY OR CREMATORY** Riverview Cemetery **24d. LOCATION** (City, town, or county) (State) Jefferson City, Missouri

DATE REC'D BY LOCAL REG. Dec 19-1950 **REGISTRAR'S SIGNATURE** R. P. Harris **25. FUNERAL DIRECTOR'S SIGNATURE** Victor Buscher **ADDRESS** Jefferson City Mo

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

264
0

RECEIVED

12/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/27/50

CHAP. 13 (62)

OCT 5 1955

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.

Signed Victor Buscher

Signed _____
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.