

FILED AUG 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21911

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Walter</u> (Type or Print) b. (Middle) <u>Ellis</u> c. (Last) <u>Peere</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7, 1951</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>Oct. 4, 1874</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Jonathan Peerie</u>		13b. MOTHER'S MAIDEN NAME <u>Julia C. Caldwell</u>		14. NAME OF HUSBAND OR WIFE <u>Mac Peere</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. J. Peere</u> ADDRESS <u>Downing, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		DUPLICATE OF (a) <u>Uremia</u>		<u>unknown</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Renal insufficiency</u>		<u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Bilateral polycystic kidneys</u>		<u>congenital</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input checked="" 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 7-25-51 to 8-7-51, 1951, that I last saw the deceased alive on 8-7-51, 1951, and that death occurred at 5:15p m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Chas. Laughlin Jr. D.O.</u>		22b. ADDRESS <u>Kirkville, Mo.</u>		22c. DATE SIGNED <u>8-7-51</u>	
---	--	------------------------------------	--	--------------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coffey</u>		24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>	
---	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>8-9-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home</u> ADDRESS <u>Downing, Mo</u>	
--	--	---	--	---	--

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

Date Received: **AUG 10 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *PS 7-1432*  
Date Filed: **AUG 10 1951**

**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

*J. H. Payne*

Licensed Embalmer No. *2196*

P. O. Address *Memphis, 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.