

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26543

State File No.

FILED AUG 25 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN 0361</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (In this place) <u>15 MIN.</u>		c. CITY OR TOWN <u>SULLIVAN 0361</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>GRANDE COURTS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SIDNEY J</u> b. (Middle) <u>(FRANK)</u> c. (Last) <u>PECKHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 17 1951</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 13 1886</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (State or foreign country) <u>BUFFALO NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>JOHN PECKHAM</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SAUER</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>1908-1911</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JENNIE PECKHAM SULLIVAN, MO</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SUICIDE By Gunshot Wound 1/2 hour</u> DUE TO (c) <u>IN Right TEMPLE with</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>A 32 CAL. H&R. PISTOL</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E976 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMEHIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>GRANDE COURT</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SULLIVAN, FRANKLIN MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. T. Skoffen</u> (Degree or title) <u>Cover</u>				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>8/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FREIDEN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		
DATE REC'D BY LOCAL REG. <u>8-18-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sullivan, Mo.</u>		

OCT 17 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 21 1951

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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Edgar W. Laffoon*
Licensed Embalmer No. *3394*
P. O. Address *Sullivan M.*

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.