

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38176**

No. 300
10.48

FILED DEC 7 1951

BIRTH NO. _____		REG. DIST. NO. 229		PRIMARY REG. DIST. NO. 5806		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Santa Fe, Mo., Southfork		c. LENGTH OF STAY (in this place) 4 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Santa Fe, Missouri.		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION Santa Fe, Missouri				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) George Lee b. (Middle) Peake c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1875	9. AGE (In years last birthday) 75	10. MONTHS 1	11. YEARS 28	12. IF UNDER 18 REL. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Monroe County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Henry Thomas Peake		13b. MOTHER'S MAIDEN NAME Mary Goodrich		14. NAME OF HUSBAND OR WIFE Lena Leota Peake			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lena Leona Peake, Santa Fe, 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) Hemiplegia (right side) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 10 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION None	
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) (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 Nov. 5, 1951, to Nov. 15, 1951 , that I last saw the deceased alive on Nov. 14, 1951 , and that death occurred at 1:00A.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. A. Barnett (Degree or title) M.D.				23b. ADDRESS Paris, Missouri		23c. DATE SIGNED 11-15	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-18-1951		24c. NAME OF CEMETERY OR CREMATORY South Fork Cemetery		24d. LOCATION (City, town, or county) (State) Monroe Co, Missouri.	
DATE REC'D BY LOCAL REG. 11-28-51		REGISTRAR'S SIGNATURE J. A. Barnett, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Clyde E. Wilkey ADDRESS Perry, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-
Date Filed: DEC 5 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 Clyde W. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri

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.