U.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 180

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 3wks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boone Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264
d. STREET ADDRESS (If rural, give location): 126 E. Dunklin St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Emily
c. (Last): Peyton

4. DATE OF DEATH (Month) (Day) (Year): Jan 18, 1952

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April, 15, 1895
9. AGE (In years last birthday): 56 — If under 1 year: Months 9, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Obermans
11. BIRTHPLACE (State or foreign country): Warren Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rudolph Lefholz
13b. MOTHER'S MAIDEN NAME: Edina Elizebeth Rekate
14. NAME OF HUSBAND OR WIFE: Frank Peyton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 488-12-9506
17. INFORMANT'S SIGNATURE OR NAME: Frank E. Peyton
ADDRESS: Warrenton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 2001
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) m.
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* Jan 13, 1952, *to* Jan 18, 1952, *that I last saw the deceased alive on* Jan 18, 1952, *and that death occurred at* 10:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Horace E. Thomas (Degree or title): MD.
23b. ADDRESS: Columbia, Mo
23c. DATE SIGNED: 19 Jan 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan, 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pinckey Cemetery
24d. LOCATION (City, town, or county) (State): Warren Co. Mo.

DATE REC'D BY LOCAL REG.: Jan. 20 1952
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Bucacher
ADDRESS: Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 28 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 28 1952

JUL 31 1952

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 Victor Bueschu

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.