S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DED MAY 1- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13329

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2115 Virginia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0415
d. STREET ADDRESS (If rural, give location): 2115 Virginia 0

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): T.
c. (Last): Peek

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: 8-29-87
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: School supplies
11. BIRTHPLACE (State or foreign country): Washington, Ind. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN M. PEEK
13b. MOTHER'S MAIDEN NAME: ELLA CHAPMAN
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): UNK
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. H. L. Wilbur, 617 Empire

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) Gunshot wound head fatal — INTERVAL BETWEEN ONSET AND DEATH: Less than 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) E976X

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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jasper Jasper Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 - 14 - 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Stuck end of double barrel 20 gauge shotgun in mouth + pulled trigger

22. *I hereby certify that I attended the deceased from* Did Not Attend, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Lockwood M.D. Coroner Jasper County
23b. ADDRESS: Joplin Nat'l Bank Bldg Joplin
23c. DATE SIGNED: 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-17-52
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL
24d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Ed D. James 138 by Salvador Lampkins D.C.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Steve Parker Mortuary, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-30-52
Jasper County Health Office
County File Number 52/4/330
Date Filed 4-30-52

MAY 2 1952

FEB 15 1959

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.

Student Embalmer No. .....

Signed F. M. Jones

Signed .....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.