

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15441

No. 300
10.48 APR 28 1952

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6266 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BENTON TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROGERSVILLE, MO. 1120	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R. R. # 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE		b. (Middle) GOLDEN	
		c. (Last) PECK	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 22, 1952			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JULY 11, 1876
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HICKS		13b. MOTHER'S MAIDEN NAME WEBSTER	
14. NAME OF HUSBAND OR WIFE LIGE PECK			
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 ELVIN PECK		ADDRESS ROGERSVILLE, 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) Cancer, Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		492X	
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 Mar 21, 1952, to Mar 22, 1952, that I last saw the deceased alive on Mar 21, 1952, and that death occurred at 1:10 A.M., from the causes and on the date stated above.			
23a. SIGNATURE R. R. Feathering M.D.		23b. ADDRESS Oak mo	
23c. DATE SIGNED 4-17-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-25-52	
24c. NAME OF CEMETERY OR CREMATORY WEST FINKY CEM.		24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO.	
DATE REC'D BY LOCAL REG. 4-21-51		REGISTRAR'S SIGNATURE Lester M. Good	
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Jewell		ADDRESS Rogersville, Mo	

342 (Licensed Embalmer's Statement on Reverse Side)

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

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

W. K. FERRELL

Student Embalmer No. 444

working under my personal supervision.

Student W. K. Ferrell
Student Embalmer

Signed H. H. Kelley

Licensed Embalmer No. 3374

P. O. Address Ferris I. ...

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.