

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23297

State File No. _____
Registrar's No. 1422

BIRTH NO. _____		REG. DIST. NO. <u>333</u>	PRIMARY REG. DIST. NO. <u>3074</u>	REGISTRAR'S NO. <u>1422</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R, 1. Sikeston,</u>		c. LENGTH OF STAY (In this place) <input type="radio"/> MO.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R, 1 Sikeston, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R, 1. Sikeston,</u>			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Peete</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1872</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXXX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Elizah Peete</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Peete</u>		14. NAME OF HUSBAND OR WIFE <u>Carry Peete</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Newson R.1. Sikeston, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> 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 _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
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) <u>4201</u>	
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 <u>5-1</u> , 19 <u>52</u> , to <u>6-11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-10</u> , 19 <u>52</u> , and that death occurred at <u>10:00 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. M. Jarno</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Morehouse, Mo</u>		23c. DATE SIGNED <u>6-12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith West End East</u>		24d. LOCATION (City, town, or county) (State) <u>West of Sikeston, Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 14 52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ola Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Smith</u> ADDRESS <u>1212 Mand St.</u>	

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

RECEIVED JUN 23 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 452-186

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 Fred Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.