

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

State File No. **2408**

FILED FEB 9 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RFD # 3, Huntsville, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wabash Employes' Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0880 / 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ALFRED</b> c. (Last) <b>PEEBLES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 7, 1871</b>
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>28</b>	IF UNDER 48 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Loco. Engineer Rtd.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois /</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>No. data</b>	
13b. MOTHER'S MAIDEN NAME <b>No data</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>702-05-3948</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>G.C. Wycarver,</b>		ADDRESS <b>Moberly, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-respiratory failure</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>		ANTECEDENT CAUSES DUE TO (b) <b>Generalized Arteriosclerosis</b>	
DUE TO (c) <b>Generalized arteriosclerosis</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Fracture of left femur (trans-trochanteric and fracture of right femur (intertrochanteric))</b>	
19a. DATE OF OPERATION <b>7/17/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fracture of right femur (intertrochanteric) 4500F</b>	
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 <b>April 11, 1953</b> , to <b>Feb. 5, 1954</b> , that I last saw the deceased alive on <b>Feb. 5, 1954</b> , and that death occurred at <b>4:40 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>D.W. Anderson M.D.</b>		23b. ADDRESS <b>4.5 Woodland Avenue</b>	
23c. DATE SIGNED <b>2/5/54</b>		24. BURYAL CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2 6th-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	
24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahan and Son,</b>	
DATE REC'D BY LOCAL REG. <b>2-6-54</b>		ADDRESS <b>Moberly, Mo.</b>	

FEB 24 1964

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly, 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.