No. 300
10.48

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20089

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 171

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 109 SW. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Bonne Terre
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 220 Francis St.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Austel
c. (Last): Peery

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 14, 1908
9. AGE (In years last birthday): 45 — If under 1 year: Months 8, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Desloge Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: George Peery
13b. MOTHER'S MAIDEN NAME: Daisy Green
14. NAME OF HUSBAND OR WIFE: Leora Peery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 487-14-1978
17. INFORMANT'S SIGNATURE OR NAME: Leora Peery — **ADDRESS**: Bonne Terre 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) Coroner Jury Verdict: by falling — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) from tree accidentally

DUE TO (c) Broken Neck

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E9020.3

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): about Residence
21c. (CITY, TOWN, OR TOWNSHIP): Bonne Terre — **(COUNTY)**: St. Francois — **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 18, 1954 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell while trimming tree

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ben C. Mills — (Degree or title): Coroner
23b. ADDRESS: Farmington Mo
23c. DATE SIGNED: 6/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21, 1954
24c. NAME OF CEMETERY OR CREMATORY: Bonne Terre
24d. LOCATION (City, town, or county) (State): Bonne Terre Mo

DATE REC'D BY LOCAL REG.: June 19, 1954
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE: Benjamin Mills — **ADDRESS**: Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Addres Bonne Jeu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.