

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1830

FILED FEB 14 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 21

700

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City Mo</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>E.</u> c. (Last) <u>Peveler</u>	
4. DATE OF DEATH <u>2-2-55</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-23-1880</u>	
9. AGE (in years last birthday) <u>74</u>		10. UNDER 1 YEAR <u>0</u> 11. UNDER 2 HRS. <u>0</u> 12. UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Montgomery County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>David H. Peveler</u>		13b. MOTHER'S MAIDEN NAME <u>Byrd Roberts</u>	
14. NAME OF HUSBAND OR WIFE <u>Ivah Peveler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ivah Peveler</u> ADDRESS <u>Montgomery City Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Embolis</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes Mellitus</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Mild Arteriosclerotic Hypertension</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Senility</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 <u>Feb. 2, 1955</u> , to <u>Feb. 2, 1955</u> , that I last saw the deceased alive on <u>Feb. 2, 1955</u> , and that death occurred at <u>6:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. H. Thompson D.O.</u> (Degree or title)		23b. ADDRESS <u>New Florence Mo.</u>	
23c. DATE SIGNED <u>2-5-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>2-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MONTGOMERY CITY CEM</u>	
24d. LOCATION (City, town, or county) _____ (State) _____		24e. LOCATION (City, town, or county) <u>MONTGOMERY CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>2/9/1955</u>		REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Jones</u>		ADDRESS <u>MONTGOMERY CITY MO</u>	

MAR 1 1955

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, C. W. Hopkins on the day of Feb 1955 Student Embalmer No. _____ working under my personal supervision.

Student
Student Embalmer

Signed C. W. Hopkins
C. W. Hopkins
Licensed Embalmer No. 1487
P. O. Address Montgomery City 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.