

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36297**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **5287** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town or town <b>Excelsior Springs</b> )		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Excelsior Springs</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 miles S. Ex. Springs</b>		STREET ADDRESS (If rural, give location) <b>1 miles S. Ex. Springs</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>DAVID</b>	b. (Middle)	c. (Last) <b>PEERY</b>	(Month) <b>Nov.</b>	(Day) <b>15,</b>	(Year) <b>1955</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>Oct. 18, 1872</b>		9. AGE (In years last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Power &amp; Lt. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frances D. Peery</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Cecil Lamb., Rt. 2, Ex. Springs, Mo.</b>	

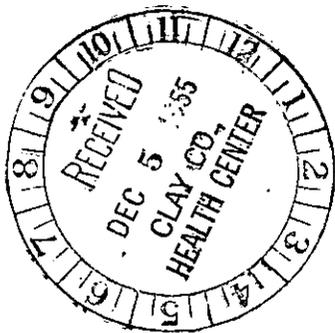
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Coronary insufficiency</b>			<b>unknown</b>
	DUE TO (c) <b>Generalized Arteriosclerosis</b>			<b>unknown</b>
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 <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **14 Nov.**, 19**55**, to **15 Nov.**, 19**55**, that I last saw the deceased alive on **15 Nov.**, 19**55**, and that death occurred at **5:08 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ralph L. Nicholas, M.D.</b> (Degree or title)		23b. ADDRESS <b>Excelsior Springs, Mo.</b>		23c. DATE SIGNED <b>11/17/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-17-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	
24d. LOCATION (City, town, or county) <b>Excelsior Springs, Mo.</b>		24e. (State)			

DATE REC'D BY LOCAL REG. <b>11/17/55</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Claude Prichard, Excelsior Springs, Mo.</b>	
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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.....  
Signature of Student Embalmer

Signed *Indee Jarman*

Licensed Embalmer No. *HE*  
P. O. Address *Evolution Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.