FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12284

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5052 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Berry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roaring River Twp
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Benton
c. CITY OR TOWN: Rogers
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1309 W. Pecan 803 8

3. NAME OF DECEASED (Type or Print)
a. (First): MURRAY
b. (Middle): E.
c. (Last): PEYSER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 25, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 6, 1891
9. AGE (In years last birthday): 65 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): manager
10b. KIND OF BUSINESS OR INDUSTRY: J. C. Penny Co.
11. BIRTHPLACE (City and State or Foreign Country): London, England
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND/OR WIFE: Myrtle Peyser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 441-10-4423
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Myrtle Peyser-Rogers, Arkansas

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: inst.

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
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____ 19___, to _____, 19___, that I last saw the deceased* dead ~~alive~~ *on* 4-25-1956, *19___, and that death occurred at* 2 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul D. Henbest (Degree or title): Coroner
23b. ADDRESS: Cassville, Missouri
23c. DATE SIGNED: 4-25-195

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 4-25-1956
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rogers, Arkansas

DATE REC'D BY LOCAL REG.: 4-25-56
REGISTRAR'S SIGNATURE: Grace Williams
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Culver Funeral Home G. E. Culver Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 456 - 77

DATE REC. 4-30-56

MAY 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4

P. O. Address Cassv

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.