

FILED MAY 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17028

| | | | | | | | |
|---|-------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>194</u> | | PRIMARY REG. DIST. NO. <u>5211</u> | | Registrar's No. <u>11</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkhorn</u> | | c. LENGTH OF STAY (In this place) <u>5 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkhorn</u> | | 0600 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Stella, Missouri R#</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | | | b. (Middle) <u>Marion</u> | | c. (Last) <u>Peregoy</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1956</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>July 11 1868</u> | 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Stephen Peregoy</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Warden</u> | | 14. NAME OF HUSBAND OR WIFE <u>Minnie Peregoy (Deceased)</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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Matthew Lentz Stella, Mo. R#</u> | | | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Generalized</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> 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 <u>4500</u> | | | | 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) m. | | 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>May, 1952</u> to <u>May 13, 1956</u> , that I last saw the deceased alive on <u>May 13, 1956</u> , and that death occurred at <u>4 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Harold C. Lentz M.D.</u> | | | | 23b. ADDRESS <u>Neosho, Mo.</u> | | 23c. DATE SIGNED <u>5-14-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 16, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stella, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>May 16, 1956</u> | | REGISTRAR'S SIGNATURE <u>O. E. Plummer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Marquette Weston, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 James Kenneth Dunc

Licensed Embalmer No. 4767

P. O. Address _____

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

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