

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

STATE FILE NUMBER 23110

Registration District No. 30 Primary Registration District No. 5103 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <i>Benton</i>		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Benton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Lindsay</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Warsaw Rt 1 0080</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>9 miles N.W. Warsaw</i> Length of stay in lb <i>2 days</i>		d. STREET ADDRESS (If outside, give location) <i>10 miles road west</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Lester Dale Peace</i> First Middle Last			4. DATE OF DEATH <i>Oct 27 1956</i> Month Day Year
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 23, 1902</i>
9. AGE (In years last birthday) <i>54</i>		IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Benton County mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Chel H. Peace</i>	
14. MOTHER'S MAIDEN NAME <i>Mary Gemette Evans</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Jane Peace</i> Address <i>707 W. 7th Sedalia, mo</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Congestive Heart Failure</i>			<i>2 years</i>
DUE TO (c) <i>Pyelonephrosis (Secondary)</i>			<i>2 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <i>Ascites, Abdominal Hernia + Scrotal Hernia</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour <i>Hour</i> Month, Day, Year <i>a. m. p. m.</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>Oct - 1952</i> to <i>Oct 27 - 1956</i> and last saw <i>him</i> alive on <i>Oct 27 - 1956</i> . Death occurred at <i>11:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>T.R.M.: Bee D.O.</i>		22b. ADDRESS <i>Box 13 Lincoln mo</i>	22c. DATE SIGNED <i>10-29-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct 30, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Clear Creek</i>	23d. LOCATION (City, town, or county) (State) <i>Lincoln mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Fred Davis & Son Lincoln</i>	25. DATE RECD. BY LOCAL REG. <i>Oct 29 1956</i>	26. REGISTRAR'S SIGNATURE <i>JAS A. Logan</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

11/17
1908 82 1010

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.....
J. L. Levinson

Licensed Embalmer No. 40.....

P. O. Address *Stouck*.....

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