STANDARD CERTIFICATE OF DEATH

State File No. 37003

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5103 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lindsay Twp.
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 mile S.W. of Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Benton
c. CITY OR TOWN: Lincoln Rt 1
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 10 mile S.W. of Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): —
c. (Last): Peek

4. DATE OF DEATH (Month) (Day) (Year): Nov 24 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 1, 1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 6, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James Peek
13b. MOTHER'S MAIDEN NAME: Lorene Jennings
14. NAME OF HUSBAND OR WIFE: Nancy Peek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Nancy Peek — ADDRESS: Lincoln Rt 1

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): Cerebral Vascular accident - Rt — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Left Hemiplegia — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331.X
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* Oct 20, 1956, *to* Nov. 2, 1956, *that I last saw the deceased alive on* Nov. 2, 1956, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas J. Hopkins, M.D. — (Degree or title)
23b. ADDRESS: Sedalia, Mo
23c. DATE SIGNED: 11/25/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 26, 1956
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
24d. LOCATION (City, town, or county) (State): Benton Co. Mo

DATE REC'D BY LOCAL REG.: Nov. 26-1956
REGISTRAR'S SIGNATURE: J. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE: Fred Davis & Son — **ADDRESS**: Lincoln

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 407

P. O. Address Stover

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