

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40560**

FILED DEC 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **387**

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

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a- STATE <b>MISSOURI</b> b. COUNTY <b>GENERTY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>ALBANY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>10 days</b>		e. STREET ADDRESS (If rural, give location) <b>03801</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY of Mo. MED. CENTER</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b> b. (Middle) <b>PARROT</b> c. (Last) <b>PEEMON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 10 1956</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>6-12-1861</b>
9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DEKALB Co., MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>FRANCIS MARION PEEMON</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH ANN McEHOESH</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>gent arteriosclerosis</b> DUE TO (c) <b>420.1.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>gangrene left leg</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11-30-1956</b> , to <b>12-10-1956</b> , that I last saw the deceased alive on <b>12-10-1956</b> , and that death occurred at <b>5:55 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>St. E. Stephenson Jr M.D.</b>		23b. ADDRESS <b>807 Stadium Road</b>	
23c. DATE SIGNED <b>Dec 10-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec 11 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Albany Mo</b>	
DATE REC'D BY LOCAL REG. <b>Dec 11 1956</b>		REGISTRAR'S SIGNATURE <b>Mrs R. E. Palmer</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker Funeral Service</b>		ADDRESS <b>Columbia, Mo</b>	

**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.....  
Licensed Embalmer No. 489

P. O. Address Columbia, Mo.

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