

FILED MAR 20 1957

STANDARD CERTIFICATE OF DEATH

State File No. 7495

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Mexico		c. CITY OR TOWN Buell 0700	
c. LENGTH OF STAY (In this place) 2 weeks		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		STREET ADDRESS (If rural, give location) no street address	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) BUELL	b. (Middle) F.	c. (Last) PEERY	Mar. 8 1957		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13 1900	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 7	IF UNDER 4 HRS. Days 23
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Business	10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME T. B. Peery	13b. MOTHER'S MAIDEN NAME Minnie Mitchell	14. NAME OF HUSBAND OR WIFE Mrs. Beulah Peery
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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. 494-32-0235	17. INFORMANT'S SIGNATURE OR NAME Mrs. Buell Peery, Buell, Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease, Coronary Heart Disease		
	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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-23, 1957, to 3-8, 1957, that I last saw the deceased alive on 3-8, 1957, and that death occurred at 1 A. M., from the causes and on the date stated above.

23a. SIGNATURE Ernest S. Gantt (Degree or title) MD	23b. ADDRESS Mexico Mo	23c. DATE SIGNED 3-18-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/10/57	24c. NAME OF CEMETERY OR CREMATORY Middletown Cem. Middletown Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Mar 20 1957	REGISTRAR'S SIGNATURE Blanche Peery	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. B. Kells Kells Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *A B Wells*

Licensed Embalmer No. *158*

P. O. Address *Wellsville*

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.