

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1957

434 257 017998
State File No.

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|---|----------------------------------|---|---|--|---|---|-------------------------------------|
| BIRTH NO. | | REG. DIST. NO. <u>43-48</u> | | PRIMARY REG. DIST. NO. <u>23-3</u> | | Registrar's No. <u>10</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY <u>Montgomery</u> | | b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Montgomery</u> | |
| c. LENGTH OF STAY (in this place) <u>LIFE</u> | | c. CITY OR TOWN <u>WELLSVILLE</u> | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD # 1</u> | | | | f. STREET ADDRESS (If rural, give location) <u>RFD # 1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | | |
| a. (First) <u>ROBERT</u> | b. (Middle) <u>STANLEY</u> | c. (Last) <u>PEERY</u> | (Month) <u>MAY</u> | (Day) <u>19</u> | (Year) <u>1957</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>FEB 15 1871</u> | | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months <u>3</u> | IF UNDER 1 HR. Hours <u>7</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Co., Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>CHAS. PEERY</u> | | 13b. MOTHER'S MAIDEN NAME <u>CAROLINE BECKHAM DEC</u> | | 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) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Joe Peery</u> | | | |
| | | | | ADDRESS <u>WELLSVILLE, MO</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 | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocarditis and myocardial degeneration</u> | | | | | <u>5 years</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>4222</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) | | 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>Jan 9</u> , 19 <u>52</u> , to <u>May 19</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 18</u> , 19 <u>57</u> , and that death occurred at <u>2:27A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>L. J. Ryland M.D.</u> | | | | 23b. ADDRESS <u>Wellsville Mo</u> | | 23c. DATE SIGNED <u>5/20/57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5-21-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>WELLSVILLE Cem -</u> | | 24d. LOCATION (City, town, or county) (State) <u>WELLSVILLE MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-21-57</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Gertrude Roman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Funeral Home</u> | | | |
| | | | | ADDRESS <u>WELLSVILLE-MO</u> | | | |

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 *Robert J. McDonald*.....

Licensed Embalmer No. *7822*

P. O. Address *Merino Two*

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.