

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-022719
State File No.

136
Registrar's No.

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 5859	Registrar's No. 136
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) Skidmore - rural		c. LENGTH OF STAY (in this place) 24 yrs.	c. CITY OR TOWN Skidmore	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 Family home		e. STREET ADDRESS (If rural, give location) 4 3/4 miles northeast		
3. NAME OF DECEASED (Type or Print) a. (First) RALPH		b. (Middle) LE ROY	c. (Last) PETER	4. DATE OF DEATH (Month) (Day) (Year) 6 16 58
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/12/01	9. AGE (In years last birthday) 56 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and State or Foreign Country) Skidmore, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Russell Peter		13b. MOTHER'S MAIDEN NAME Fannie Bingham	14. NAME OF HUSBAND OR WIFE Merdeth Stevens Peter	
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. 487-44-8460	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Merdeth Peter, Skidmore, Mo.	
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) Curricular Paroxysmal Tachycardia		INTERVAL BETWEEN ONSET AND DEATH 4 weeks
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		20. AUTOPSY? 2 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) 4331	
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 May 16 , 19 58 , to June 16 , 19 58 , that I last saw the deceased alive on June 16 , 19 58 , and that death occurred at 10:15 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Robert D. Snay DC		(Degree or title) 1	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 6/17/58
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/19/58	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Skidmore, Missouri	
DATE REC'D BY LOCAL REG. 6-21-58	REGISTRAR'S SIGNATURE Beas	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.		

(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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John W. Price

Licensed Embalmer No. *428*

P. O. Address *Maryville*

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.