

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024474-44
STATE FILE NUMBER
4008
2

FILED JUL 18 1958

Registration District No. 2 Primary Registration District No. Registrar's No. *[Signature]*

300
1-57
201

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolckow		c. CITY OR TOWN Bolckow	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bolckow (Home)		d. STREET ADDRESS (If outside, give location) None	

3. NAME OF DECEASED (Type or print) First JAMES Middle WINFIELD Last PEEK JR.			4. DATE OF DEATH Month July Day 7 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1880	9. AGE (In years last birthday) 77 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) Mill Hand	10b. KIND OF BUSINESS OR INDUSTRY Feed Milling Co.	11. BIRTHPLACE (City and state or country) St. Joseph Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME James W. Peek Sr.	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Mrs. Odess Peek
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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. 491-10-4883	17. INFORMANT Address Mrs. Odess Peek Bolckow, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Old Blood Clot		
DUE TO (c) Past stroke 33/X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Joseph COUNTY Missouri STATE Mo.
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21. Attended the deceased from Jan. 1957 to July 1958 and last saw him alive on June 26, 1958 Death occurred at 9:45P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS 2834 So. 20th St. St. Joseph, Mo.	22c. DATE SIGNED 7-7-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-10-58	23c. NAME OF CEMETERY OR CREMATORY Whitesville Cemetery	23d. LOCATION (City, town, or county) (State) Whitesville Missouri
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24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. 7-14-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, whether or not you were personally contacted or notified, NO symptoms will be listed. All diseases in Part I must be causally related.

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 Emma A. Smith.....

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4238.....

P. O. Address St. Joseph.....

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.