

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035267  
STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 174

S. 300  
7. 1-57

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Washington</b> COUNTY <b>Yakima</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Yakima</b> <b>8460</b> 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital</b>		Length of stay in 1b <b>11 Days</b>	d. STREET ADDRESS (If outside, give location) <b>R.R. # 2 Box 733</b>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <b>Roy August Peckman</b>	First <b>Roy</b>	Middle <b>August</b>	Last <b>Peckman</b>	4. DATE OF DEATH Month <b>Sept.</b> Day <b>11</b> Year <b>1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 12, 1986</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Council Grove, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Thomas Peckman</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Morehead</b>	14. NAME OF HUSBAND OR WIFE <b>Pearle Peckman</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>534 345944</b>	17. INFORMANT <b>Dick Peckman</b>	Address <b>Nevada, Missouri</b>
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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) <b>Anterior myocardial infarction, extensive</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic Heart Disease</b>	<b>unknown</b>
	DUE TO (c) <b>4200</b>	
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? 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
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21. I attended the deceased from <b>Sept 1, 1958</b> to <b>Sept 11, 1958</b> and last saw her alive on <b>Sept 11, 1958</b> Death occurred at <b>12:07</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>James Moore</i>	(Degree or title)	22b. ADDRESS <b>Moore Building, Nevada, Mo.</b>	22c. DATE SIGNED <b>9-12-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>13 Sept.</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kearney Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kearney Cem. Nebraska</b>
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24. FUNERAL DIRECTOR <b>Richard L. Shorten</b>	ADDRESS <b>Nevada, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-20-1958</b>	26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1516

OCT 30 1958

JAN 28 1959

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 *Lloyd C. McLeod* .....

Licensed Embalmer No. 4853  
P. O. Address Alvada, Md.

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.