

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036205

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette, Missouri</b>		c. CITY OR TOWN <b>Fayette,</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		Length of stay in 1b <b>7 Weeks</b>	
3. NAME OF DECEASED (Type or print) First <b>RUTH</b> Middle <b>ELLA</b> Last <b>PEACHER</b>		4. DATE OF DEATH Month <b>SEPT.</b> Day <b>22</b> , Year <b>1958</b>	
5. SEX <b>Female</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. 18, 1893</b>
9. AGE (In years (of birthday)) <b>64</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Cooper County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Frank Vanatta</b>	
13b. MOTHER'S MAIDEN NAME <b>Malinda Sue Guier</b>		14. NAME OF HUSBAND OR WIFE <b>Hal Peacher</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes, unknown</b>		16. SOCIAL SECURITY NO. <b>yes, unknown</b>	
17. INFORMANT <b>Hal Peacher</b>		Address <b>R.R.4 Fayette, Missouri</b>	
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>Carcinoma, generalized</b> DUE TO (b) <b>Carcinoma of uterus</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Cholelithiasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 mos.</b> <b>12 mos.</b> <b>174X</b>
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.)		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 <b>Fayette, Mo.</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>Nov 25 - 1957</b> to <b>Sept 22, 1958</b> and last saw her alive on <b>Sept 21 - 1958</b> Death occurred at <b>4:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm J. Shaw, M.D.</b>		22b. ADDRESS <b>Fayette, Mo.</b>	
22c. DATE SIGNED <b>9-23-58</b>		22d. SIGNATURE <b>Mary K. Shell</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/23/1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>	
24. FUNERAL DIRECTOR <b>Ralph A Carr</b>		ADDRESS <b>Fayette, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>9-23-58</b>		26. REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. 300  
v. 1-57

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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 *Ralph A. Carr* .....

Licensed Embalmer No. *3340* .....

P. O. Address *Fayette, Mo* .....

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.