

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008364

STATE FILE NUMBER

FILED APR 1 1959

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Butler</b>		c. CITY OR TOWN <b>Montrose RFD 0090</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>Butler Memorial Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Deepwater, wp.</b>	
Length of stay in lb <b>2 wk.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>William Elmer Peacock</b>			4. DATE OF DEATH Month <b>Mar</b> Day <b>27</b> Year <b>1959</b>
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>Jan 27 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and state or country) <b>Bates co. Mo.</b>
13a. FATHER'S NAME <b>Banjamin Peacock</b>		13b. MOTHER'S MAIDEN NAME <b>Jane</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____	14. NAME OF HUSBAND OR WIFE <b>Bertha Pantier</b>
(If yes, give war or dates of service)		17. INFORMANT <b>Heben Murphy</b>	Address <b>-Montrose Mo</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>Coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Myocarditis</b>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>Mar 4</b> to <b>Mar. 27, 1959</b> and last saw <sup>her</sup> him alive on <b>Mar 26, 1959</b> Death occurred at <b>3 A M</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Carter N. Ruter M.D.</b> (Degree or title)		22b. ADDRESS <b>Butler Missouri</b>	22c. DATE SIGNED <b>3/28/59</b>
23a. BURIAL, CREMATION, REPOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/30 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Formosa Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Formosa Kansas</b>
24. FUNERAL DIRECTOR <b>Culver Underwood</b> ADDRESS <b>Butler Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 28-1959</b>	26. REGISTRAR'S SIGNATURE <b>Kendall Pursey</b>

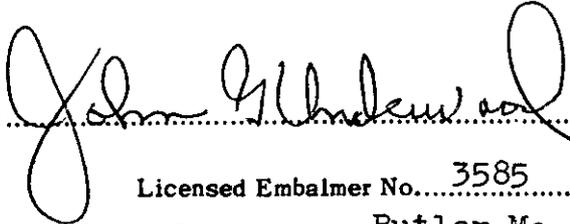
MEDICAL CERTIFICATION

MS MAY 19 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  .....

Licensed Embalmer No. 3585  
P. O. Address Butler 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.