

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010501

STATE FILE NUMBER

LEU MAR 26 1959

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lemons, Mo. 0860		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) village		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Riley Peek			4. DATE OF DEATH Month Day Year Mar. 19, 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 7, 1869	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min. 7 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Putnam Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME George W. Peek		13b. MOTHER'S MAIDEN NAME Sarah Dickson		14. NAME OF HUSBAND OR WIFE Dora May Beek-Dec.	
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. none	17. INFORMANT Address Roy Peek-Unionville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart disease - 8-20-59</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>
DUE TO (b) <i>Myocardial infarction</i>					
DUE TO (c) <i>480X</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis - 480X</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 COUNTY STATE	
21. I attended the deceased from <i>Feb 21-59</i> to <i>Mar 17-59</i> and last saw her alive on <i>2-19-59</i> Death occurred at <i>4 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Marvell Durbin</i>			22b. ADDRESS <i>Unionville, Mo.</i>		22c. DATE SIGNED <i>3/21/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 3-21-59	23c. NAME OF CEMETERY OR CREMATORY Dickson Cemetery		23d. LOCATION (City, town, or county) (State) Putnam Co., Mo.
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 3-21-59		26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
 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

60
300
1-57 0

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 *Mark E. Husted*

Licensed Embalmer No. *3304*
P. O. Address *Annville Pa*

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.