

PECK.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4400 59-018604

FILED MAY 25 1959 Registration District No. 267 Primary Registration District No. 3049 STATE FILE NUMBER Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bragg City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bragg City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>15 Years</b>	STREET ADDRESS (If outside, give location) <b>0788 a</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Fronie</b> Middle <b>E. ( Betty)</b> Last <b>Wiseman</b>			4. DATE OF DEATH Month <b>May</b> Day <b>8-</b> Year <b>1959</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-13-1883</b>	9. AGE (In years last birthday) <b>75</b>	10. FUNDER 1 YEAR Months <b>11</b> Days <b>25</b>	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>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and state or country) <b>Salem Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Marion Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia Jackson</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</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>None</b>	17. INFORMANT <b>Mrs. Ackland Hanks</b>	Address <b>Bragg City Mo.</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>Myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertensive Cardio-Vascular Disease</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>443X</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.)
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20c. TIME OF INJURY Hour 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>Kennett Mo.</b>	COUNTY	STATE
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21. I attended the deceased from <b>1950</b> to <b>May 1959</b> and last saw her alive on <b>May 7, 1959</b> Death occurred at <b>10:30 A.M. (B)</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Chester R. Peck M.D.</b>	22b. ADDRESS <b>Kennett Mo.</b>	22c. DATE SIGNED <b>5-13-59</b>
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23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>Burial</b>	23b. DATE <b>5-10-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kennett Mo.</b>
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24. FUNERAL DIRECTOR <b>Lentz Service</b>	ADDRESS <b>Kennett Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5/10/59</b>	26. REGISTRAR'S SIGNATURE <b>Valeria Popham</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

MAY 28 1959

CARTHERSVILLE, MO

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 *Edgar Lee Starn*

Licensed Embalmer No. 4433

P. O. Address.....Kennett 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.