

C-1621 5979

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020016
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1524

300
1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN SANTA FE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital		Length of stay in lb 37 days	STREET ADDRESS (If outside, give location) 0678 0
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN W. PEAK			4. DATE OF DEATH Month Day Year 6-3-59		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-25-96		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PERRY, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES PEAK		13b. MOTHER'S MAIDEN NAME ALICE DASHNER		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address VA HOSP. RECORDS, JEFFERSON BARRACKS, 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) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 10 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	Undetermined
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombosis Right Cerebral Artery		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 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
21. I attended the deceased from 4-27-59 to 6-3-59 and was present at the death Death occurred at 7:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE W. Oppler, Dir. Prof. Services	22b. ADDRESS M.D. VA HOSP. JEFFERSON BARRACKS, MO	22c. DATE SIGNED 6-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-5-59	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Santa Fe, Mo.
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24. FUNERAL DIRECTOR Wilkey Funeral Home, Ladonia, Mo.	25. DATE RECD. BY LOCAL REG. 6-3-59	26. REGISTRAR'S SIGNATURE Jahn C. Murphy M.D.
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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

6361 9 T N01

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 *George M. Remelars*

- Licensed Embalmer No. *4283*
P. O. Address *St. Louis, 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.