. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59–022042
STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 172 Primary Registration District No. 5640 3034 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Dover — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 mi. E. Higginsville — Length of stay in Ib: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Higginsville — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 2 mi East — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Earl Middle: Ralph Last: Peacock

4. DATE OF DEATH Month: May Day: 29 Year: 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 30, 1897

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (City and state or country): Higginsville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John H. Peacock
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Corbin
14. NAME OF HUSBAND OR WIFE: Mrs. Marie Peacock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-03-9157
17. INFORMANT: Mrs. Marie Peacock — Address: Higginsville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Decompensated COR pulmonale	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Advanced Pulmonary Emphysema	3 yrs
DUE TO (c)	Chronic Bronchial Asthma	30 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 241X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12/11/51 to 5/29/59 and last saw him alive on 5/28/59
Death occurred at 6 00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edwin J. Wilson D.O.
22b. ADDRESS: 1815 Main Higginsville Mo
22c. DATE SIGNED: 6/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 31, 1959
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Higginsville, Mo.

24. FUNERAL DIRECTOR: Wiegers-Riekhof — **ADDRESS:** Higginsville, Mo
25. DATE RECD. BY LOCAL REG.: June 11 59
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(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.

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 Forest Riekhof

Licensed Embalmer No. 4284

P. O. Address Higginsville 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.