

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011998

FILED VS APR 5 1960

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 2049 Registrar's No. 52

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Perisicot		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gobler		c. CITY OR TOWN Gobler		d. STREET ADDRESS (If outside, give location) Star Route	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gobler		Length of stay in 1b 3 Mos.		e. STATE Missouri		b. COUNTY Perisicot	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Route		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Star Route		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Francis		Middle Viola		Last Peeples		Month Day Year March 17 1960	
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/30/96	
9. AGE (last birthday) 63		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook -		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Parson's Tennessee	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
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. 193 32 6969		17. INFORMANT Mrs. Bobbie Hamilton Williams		Address: Star Rt. Gobler	
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) Congestive Cardiac failure		DUE TO (b)		DUE TO (c)		1 month	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.		Month, Day, Year					
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 2-15-60 to 3-17-60 and last saw her alive on 3-11-60							
Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D. W. Cook, M.D.		(Doctor or title)		22b. ADDRESS Caruthersville, Mo		22c. DATE SIGNED 3-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 23, '60		23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville Missouri	
24. FUNERAL DIRECTOR H.S. Smith Funeral Home-C'ville. Mo.		ADDRESS 3-23-'60		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Leanda Adams	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 5 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Camtherville

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.