

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035470

FILED VS. OCT 3 1960
NDED

Registration District No. 200 Primary Registration District No. Registrar's No. 151

STATE FILE NUMBER

| | | | | | | | |
|--|-------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Macon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Atta neose | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Hudson | | Length of stay in 1b OR TOWN 7 mo. 3 da | | c. CITY OR TOWN Centerville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Hospital | | | | d. STREET ADDRESS (If outside, give location) Alexandria Apts. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Binnie Middle Gray Last Peatman | | | 4. DATE OF DEATH Month September Day 7 Year 1960 | | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/6/1878 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months 81 Days 0 Hours 0 Min. 0 | | IF UNDER 24 HR Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Centerville, Iowa | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME Joseph Gray | | | 13b. MOTHER'S MAIDEN NAME Dye, Louise | | 14. NAME OF HUSBAND OR WIFE Clarence Peatman | | |
| 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. No. | | 17. INFORMANT Address John G. Peatman Centerville, Iowa | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure DUE TO (b) Decompensated Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome associated with Senile Brain Disease | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 4:15 p.m. Month, Day, Year February 4, 1960 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 February 4, 1960 to September 7, 1960 and last saw her/him alive on September 7, 1960 Death occurred at 4:15 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Andrew T. Seed M.D. | | | | 22b. ADDRESS Macon, Missouri | | 22c. DATE SIGNED 9/7/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9/9/60 | 23c. NAME OF CEMETERY OR CREMATORY Oakland Cem. | | 23d. LOCATION (City, town, or county) (State) Centerville Iowa | | |
| 24. FUNERAL DIRECTOR Miller Wehrle | | | ADDRESS Centerville, Iowa | | 25. DATE RECD. BY LOCAL REG. 9/76/60 | | 26. REGISTRAR'S SIGNATURE Ruth Mueely |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 10 1960

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Marion

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.