

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-028237

AMENDED

Registration District No. 1 Primary Registration District No. 249 Registrar's No. 249 STATE FILE NUMBER

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wilson Twp		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 1133 Woody Ave.	

3. NAME OF DECEASED (Type or print) First ELLEN Middle SUE Last PEAVLER			4. DATE OF DEATH Month Sept Day 3 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1907	9. AGE (last birthday) 54	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Huntsville, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Mike Boland		13b. MOTHER'S MAIDEN NAME Minnie Saunders	
14. NAME OF HUSBAND OR WIFE Travis F. Peavler		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. None	
17. INFORMANT Travis F. Peavler		18. ADDRESS Moberly			

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

IMMEDIATE CAUSE (a) **Broken Neck, Broken Back, Broken Legs** INTERVAL BETWEEN ONSET AND DEATH **Instant**

DUE TO (b) **Automobile Accident**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

(Con't) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)
before the car struck the pole, Mrs Peavler was thrown against the pole and out of the car.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) 1 car accident 1 Mile North of La Plata on Hi-Way U.S. 63. Driver lost control of the car, during a rainstorm, went off the hiway on the W. side striking a telegraph pole, door (Rt. front) came open	
20c. TIME OF INJURY 10:45	Hour 9-3-61 Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 63	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Wilson Twp Adair Missouri		20g. COUNTY (con't) Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **10:45 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Doris W. Raloff		22b. ADDRESS Huntsville, Mo		22c. DATE SIGNED 9/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-6-1961	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) Huntsville Missouri	(State)
24. FUNERAL DIRECTOR Mahan Funeral Service		ADDRESS Moberly		25. DATE RECD. BY LOCAL REG. Sept 7, 1961
				26. REGISTRAR'S SIGNATURE Doris W. Raloff

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 3815

P. O. Address Moberly, 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.