

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042140

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Filed at St. Francois District No. 316 Primary Registration District No. _____ Registrar's No. 429

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 12 days		c. CITY OR TOWN Oran		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1, Box 141		Residence on Farm Unknown. Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED First JAMES Middle ROBERT Last PEETE				4. DATE OF DEATH Month December Day 2 , Year 1961									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 9, 1909		9. AGE (last birthday) 52		IF UNDER 1 YEAR Months 0 Days 23		IF UNDER 24 HR 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		11. BIRTHPLACE (City and state or country) Stanton, Tennessee			12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME George Peete				13b. MOTHER'S MAIDEN NAME Lizzie Mays				14. NAME OF HUSBAND OR WIFE Clair Green					
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. Unknown		17. INFORMANT Address Records, State Hospital No. 4, Farmington, 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) Acute Coronary Occlusion - - - - - instantaneous.												INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
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 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 _____ 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 <u>Nov. 20, 1961</u> to <u>Dec. 2, 1961</u> and last saw him alive on <u>12-2-61</u> Death occurred at <u>9:55 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>John L. Brennan M.D.</i> (Degree or title)						22b. ADDRESS State Hospital No. 4 Farmington, Missouri			22c. DATE SIGNED Dec 3-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Dec. 6, 1961		23c. NAME OF CEMETERY OR CREMATORY Sunset of Memories Cem.			23d. LOCATION (City, town, or county) (State) Sikeston, Missouri					
24. FUNERAL DIRECTOR Dotsch Funeral Home, Sikeston, Mo. ADDRESS					25. DATE RECD. BY LOCAL REG. Dec. 3, 1961		26. REGISTRAR'S SIGNATURE <i>Ether Redhoff</i>						

BY AFFIDAVIT OF

DEC 13 1961

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 *Tris S. Mearns*

Licensed Embalmer No. 4601

P. O. Address *Seyboldon, 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.