

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048910

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 53

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 24 1963

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) Caruthersville		c. CITY OR TOWN Caruthersville	
c. FULL NAME OF (If NOT in hospital, give location) 511 East Wood		d. STREET ADDRESS (If outside, give location) 511 East Wood	
3. NAME OF DECEASED (Type or print) Mary Geneva Peacock		4. DATE OF DEATH Dec. 12 1963	
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 5/22/1893
9. AGE (last birthday) 70		10. IF UNDER 1 YEAR IF UNDER 24 HR Months 6 Days 20 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 none	
11. BIRTHPLACE (City and state or country) Henry County, Tenn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Greenberry Rayburn		13b. MOTHER'S MAIDEN NAME Mandy Nichols	
14. NAME OF HUSBAND OR WIFE deceased Willie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Peacock Allie Carr Caruthersville, 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) Myo-Cardial failure DUE TO (b) Arterio-sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of pancreas		INTERVAL BETWEEN ONSET AND DEATH	
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 11/19/63 to 12/3/63 and last saw her alive on 12-3-63		Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) L.C. Wilson M.D.		22b. ADDRESS Kennett, Mo.	
22c. DATE SIGNED 12/13/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/14/63		23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	
23d. LOCATION (City, town, or county) Kennett, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.		25. DATE RECD. BY LOCAL REG. 12-17-1963	
26. REGISTRAR'S SIGNATURE Jack W. Ginton			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 27 1963

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 Thomas P. Roberts  
Licensed Embalmer No. 4886

P. O. Address Kenett, 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.