

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20592

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5998		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Putnam			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Powersville, Mo.		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Powersville, Mo.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION City				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle)		c. (Last) Peters	
4. DATE OF DEATH		Month		Day		Year	
JUNE 17 49		JUNE		17		49	
5. SEX M	6. COLOR OR RACE N	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 3-1-1873		9. AGE (In years last birthday) 76	
						If UNDER 1 YEAR: Months 3 Days 1 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN PETERS		13b. MOTHER'S MAIDEN NAME SARAH TWIGG		14. NAME OF HUSBAND OR WIFE ALWAYS PETERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Peters			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Chronic Arthritis and neuritis					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				7220	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 15, 1949, to June, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 10:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE L. W. McDonald		(Degree or title)		23b. ADDRESS 202 - Olmsteadville, MO.		23c. DATE SIGNED 6-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-20-49		24c. NAME OF CEMETERY OR CREMATORY Faversville		24d. LOCATION (City, town, or county) (State) Faversville, Mo.	
DATE REC'D BY LOCAL REG. 6-21-49		REGISTRAR'S SIGNATURE Maxwell Durb...		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer  
District File Number 6-4  
Date Filed JUN 28 19

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.