

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5515

State File No. _____
Registrar's No. 5

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Township</u>	
c. LENGTH OF STAY (in this place) <u>20 Years</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles N. E. of Stover, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 Miles N. E. of Stover</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles N. E. of Stover, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>HAAYE</u> b. (Middle) <u>HELMERS</u> c. (Last) <u>PETERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 9, 1873</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 1 YEAR Days <u>24</u>	IF UNDER 1 HRS. Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Livingston County, Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Helmert Tobias Peters</u>	
13b. MOTHER'S MAIDEN NAME <u>Toliena Groenwold</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Peters</u> ADDRESS <u>Versailles, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES 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 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
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) <u>Haw Creek Morgan Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:15 p.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul L. Medicine Morgan County Coroner</u>		23b. ADDRESS <u>Versailles Mo.</u>	23c. DATE SIGNED <u>2-23-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 25 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb 25 1950</u>	REGISTRAR'S SIGNATURE <u>Paul L. Ripberger</u>	FURNERIAL DIRECTOR'S SIGNATURE <u>L. Stevenson</u> ADDRESS <u>Stover, Mo.</u>	

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

0710

0710

JUL 19 1950

RECEIVED

District Health Officer No. 7

District File Number 1-58-127

Date Filed 2-27-58

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *J. L. Stevinson*

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

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