

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39990

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 417

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Callaway</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Clark</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fulton</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clark County Home</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital #61</i> | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>O.</i> c. (Last) <i>Peters.</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 18 1950</i> | | |
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| 5. SEX <i>MP</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i> | 8. DATE OF BIRTH <i>Jan 27, 1874</i> | 9. AGE (In years last birthday) <i>76</i> # UNDER 1 YEAR Months <i>10</i> # UNDER 6 HRS. Days <i>22</i> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | 11. BIRTHPLACE (State or foreign country) <i>Missouri</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i> |
|---|--|---|---|

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|---------------------------------------|-------------------------------------|-----------------------------|
| 13a. FATHER'S NAME <i>John Peters</i> | 13b. MOTHER'S MAIDEN NAME <i>DK</i> | 14. NAME OF HUSBAND OR WIFE |
|---------------------------------------|-------------------------------------|-----------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | 16. SOCIAL SECURITY NO. <i>none</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Hospital Records Fulton Mo</i> ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senile psychosis</i> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4722 | |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 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 *Apr. 26, 1946*, to *Dec. 18, 1950*, that I last saw the deceased alive on *Dec 18, 1950*, and that death occurred at *11:45P m.*, from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) <i>J.C. Caldwell MD by RN</i> | 23b. ADDRESS <i>State Hosp. Fulton Mo</i> | 23c. DATE SIGNED <i>12/19/50</i> |
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|--|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>12-26-50</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i> | 24d. LOCATION (City, town, or county) (State) <i>Columbia MO</i> |
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|--|---|--|
| DATE REC'D BY LOCAL REG. <i>Dec. 26-1950</i> | REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>J.C. Roberts</i> ADDRESS <i>Columbia</i> |
|--|---|--|

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

1422

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 2 1951

RECEIVED

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 Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.