

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9649

BIRTH NO. 172-23-51 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steelville 0280	
c. LENGTH OF STAY (In this place) 5 hrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Johnny	b. (Middle) Dale	c. (Last) McPeters	4. DATE OF DEATH (Month) (Day) (Year) March 11, 1951.
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH March 11, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 4	Min. 40
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 0 Waynesville, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Paul McPeters	13b. MOTHER'S MAIDEN NAME Lavern Weber	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) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul McPeters, Steelville, Mo.
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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) Encephalomeningococle (meningococle)		
	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. Microcephalic.		751X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-11, 1951, to 3-11, 1951, that I last saw the deceased alive on 3-11, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE John Charles Dulecki, M.D. (Degree or title)	23b. ADDRESS Steelville, Mo.	23c. DATE SIGNED 3-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/12/51	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Crawford Co., Mo.
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DATE REC'D BY LOCAL REG. 3-21-51	REGISTRAR'S SIGNATURE Helma C. Buck	589	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas S. Hester - Steelville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

850 P

RECEIVED 3-28-51
Nebraska State Health Officer
Date Filed 3-28-51
File Number

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 *Thomas L. Albert*

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.