

# STANDARD CERTIFICATE OF DEATH

19366  
Dr. E. E. Glenn  
State File No. ....

FILED JUL 2 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u> Registrar's No. <u>38</u>										
1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, Mo.</u>		c. LENGTH OF STAY (in this place) <u>55 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		<u>0051</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 Central</u>			d. STREET ADDRESS (If rural, give location) <u>614 Central</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) <u>Myra</u> c. (Last) <u>Peters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June, 20, 1951</u>											
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 1, 1877</u>	9. AGE (In years last birthday) <u>74</u>	<table border="1" style="font-size: small;"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 MONTH</td> <td>IF UNDER 1 DAY</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td><u>4</u></td> <td><u>19</u></td> <td></td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 DAY	Months	Days	Hours	<u>4</u>	<u>19</u>	
IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 DAY												
Months	Days	Hours												
<u>4</u>	<u>19</u>													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper Editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (State or foreign country) <u>Cass Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>David A. Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Chapman</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>H. D. McIntosh</u> ADDRESS <u>Monett, Mo.</u>											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH									
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis Heart Disease.</u>				<u>6 mo.</u>									
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio Sclerosis</u>		<u>?</u>									
			DUE TO (c) <u>Coronary Heart Failure</u>		<u>6 mo</u>									
	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 _____		<u>4200</u>		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) _____	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 <u>1-11-51</u> , 19 <u>51</u> , to <u>6-14-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-14-51</u> , 19 <u>51</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>E. E. Glenn</u> (Degree or title) _____		23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>6-21-51</u>										
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>											
DATE REC'D BY LOCAL REG. <u>6-22-51</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u> <u>13</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MERCER FUNERAL HOME Monett, Mo.</u>											

(Licensed Embalmer's Statement on Reverse Side)

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

0051

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUN 25 1951  
Dist. File 621-1395  
Date Filed 6-29-51

NOV 22 1954

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.....

Roy H. Mercer

Signed.....  
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address, Monett, 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 this body is not embalmed, fact should be so stated above.