

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29747
Registrar's No. 9

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY OR TOWN JERICHO SPRINGS, MO.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE Missouri
b. COUNTY Cedar
c. CITY OR TOWN Jericho Springs, MO. 0200
d. STREET ADDRESS

3. NAME OF DECEASED
a. (First) William
b. (Middle) Hampton
c. (Last) Peters

4. DATE OF DEATH
(Month) (Day) (Year)
4-11-1951

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 2-7-1900

9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months 2 IF UNDER 28 HRS. Days 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Gary, Okla.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Paul A. Peters

13b. MOTHER'S MAIDEN NAME Martha C. Wife

14. NAME OF HUSBAND OR WIFE Cula Peters

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 Paula Peters, Jericho Springs, Mo.

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) Hypostatic Pneumonia
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis Intestinal obstruction. DUE TO (c) Chronic psychosis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 Day 5 Day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 5705

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1951, to 4-11, 1951, that I last saw the deceased alive on 4-11, 1951, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE D. Bannister (Degree or title) W.D.O.

23b. ADDRESS Jericho Springs, Mo.

23c. DATE SIGNED 4-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4 April 13, 1951

24c. NAME OF CEMETERY OR CREMATORY Landauer Cem.

24d. LOCATION (City, town, or county) (State) Lowry City, Lincoln Co.

DATE REC'D BY LOCAL REG. 4/12/51

REGISTRAR'S SIGNATURE 383 Mrs. Velma Ellis

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. P. Long, Jericho Springs, Mo.

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

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

RECEIVED OCT 8 1951

Dist. File 10-11-1286

Date Filed 10-11-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mr. D. Long

Licensed Embalmer No. 3714

P. O. Address Jerico Ave, 7

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.