

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33147**

FILED OCT 17 1951

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, Rural, Boles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Labadie, Rural, Boles Township.</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Labadie, Mo. 036th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Labadie, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Peters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1st, 1951.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 22nd, 1860</u>		9. AGE (in years last birthday) <u>91</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u> IF UNDER 24 HRS. Hour <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Krakow, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Riegel.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rolf.</u>		14. NAME OF HUSBAND DECEASED <u>Leo E. Peters.</u>	
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 ADDRESS <u>William J. Peters Labadie, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular hemorrhage 8 days.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized, since 20 yrs</u>		
	DUE TO (c) <u>old age</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</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) <u>331X</u>	
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 23 Sep, 1951, to 1 Oct, 1951, that I last saw the deceased alive on 30 Sep, 1951, and that death occurred at 12:35P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond J. Bozgo, M.D.</u>		23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>2 Oct 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 4, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Gertrude Cemetery.</u>	
		24d. LOCATION (City, town, or county) (State) <u>Krakow, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Oct. 2 - 1951</u>		REGISTRAR'S SIGNATURE <u>Mary S. Gross</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pieburg & Witt, Inc. Washington, Mo.</u>	
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(Licensed Embelmer's Statement on Reverse Side)

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

FILE NO.
DISTRICT HEALTH OFFICE NO. 4

OCT 14 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jerome T. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.