

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11838

State File No. _____

FILED MAR 26 1952

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4543 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Seymour</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Seymour</u> <u>1120</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Seymour</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Seymour</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Herbert</u>	b. (Middle) <u>Jessie</u>	c. (Last) <u>Peters</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>3-14-52</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 31, 1903</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
-----------------	---------------------------	---	---------------------------------------	---	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Webster Co. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Lidge Peters</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Mitney</u>	14. NAME OF HUSBAND OR WIFE <u>Chloe 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>572-10-3517</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Peters, Seymour, Mo.</u>	ADDRESS
--	--	--	---------

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>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Partial Paralysis of Left origin unknown.</u> DUE TO (c)		
	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>490X</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) (Min.)	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 March 2nd, 1952 to March 2nd, 1952, that I last saw the deceased alive on March 2, 1952, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.D. Zimmerman</u>	23b. ADDRESS <u>Shousfield Mo</u>	23c. DATE SIGNED <u>3/15/52</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>3-18-52</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Seymour Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Co Mo</u>
--	-----------	--	--

DATE RECD BY LOCAL REG. <u>3-22-52</u>	REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley Fredell Bagman</u>	ADDRESS <u>Seymour Mo</u>
--	--	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Don G. Ferrill*.....

Licensed Embalmer No. *4847*.....

P. O. Address *Mansfield, 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.