

SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27763

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>818</u>
1. PLACE OF DEATH a. COUNTY <u>GREENE</u> <u>0396</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> <u>120</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEYMOUR MO</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSARK OSTEOPATHIC HOSP.</u>		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIGA</u>		b. (Middle) _____		c. (Last) <u>PETERS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>9-5-52</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>3-24-1879</u>	9. AGE (In years last birthday) <u>73</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS.: Hours _____ Mins. _____
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>CARPENTNER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT CO. MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>JOE PETERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY STAFFORD</u>		14. NAME OF HUSBAND OR WIFE <u>MENNIE PETERS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-12-0788</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIE PETERS SEYMOUR 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH _____
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>4201</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>8/16</u> , 19 <u>52</u> , to <u>9/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/5</u> , 19 <u>52</u> , and that death occurred at <u>2:25</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Edith Williamson</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>9/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-7-52</u>		24c. NAME OF CEMETERY OR CREMATOR <u>SEYMOUR</u>
24d. LOCATION (City, town, or county) (State) <u>WEBSTER MO.</u>				
DATE REC'D BY LOCAL REG. <u>9-10-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>		GENERAL DIRECTOR'S SIGNATURE <u>Robert Bergman</u>
				ADDRESS <u>MO</u>

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 How A. Ferrell

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.