

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10678

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>5795</u>		Registrar's No. <u>51</u>		
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Pilot Grove</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): <u>8680</u> OR TOWN <u>Rural-Pilot Grove township</u>		d. STREET ADDRESS (If rural, give location) <u>5-mi South of California Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>SIMEON</u>		b. (Middle) <u>W<sup>M</sup></u>		c. (Last) <u>PETERS</u>	
4. DATE OF DEATH		(Month) <u>Mar.</u>		(Day) <u>26</u>		(Year) <u>1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 17-1892</u>		
9. AGE (in years last birthday) <u>60</u>		10. MONTHS <u>11</u>		11. DAYS <u>9</u>		12. IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau Co. Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>August Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Schuerer</u>		
14. NAME OF HUSBAND OR WIFE <u>Hilma Peters</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1st World War</u>		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <u>Hilma Peters</u>				ADDRESS <u>California Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardio-renal disease</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Months</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Urypercarditis following</u> DUE TO (c) <u>Urypercardial Infarction May 23, 1952</u> <u>Renal Failure</u>				<u>6 weeks</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>4201</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 <u>May 23, 1952</u> , to <u>March 26, 1953</u> , that I last saw the deceased alive on <u>March 26, 1953</u> , and that death occurred at <u>11 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M. J. Fulke M.D.</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>3-27-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. F. W. Scott - Deputy</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>		ADDRESS <u>California Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

80

P. 300  
P. 48

Handwritten notes or markings, possibly a date or initials, located in the upper right quadrant of the page.

EX-101 6 1907

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 Hugh E Williams

Licensed Embalmer No. 3527

P. O. Address California 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.