

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18547

State File No.

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 4264 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Iacleda</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Iacleda</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Conway</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Conway</u> <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - CONWAY</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) - <u>Tressie Peters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5/1953</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 2/1918</u>	9. AGE (In years last birthday) <u>35</u>	10 UNDER 1 YEAR Months <u>2</u>	11 UNDER 24 HRS. Days <u>3</u>	12 UNDER 24 HRS. Hours <u>3</u>	13 UNDER 24 HRS. Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Altona, Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Dill</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Dill McNabb</u>	14. NAME OF HUSBAND OR WIFE <u>Lester Peters</u>
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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>500-05-5302</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Peters</u>	ADDRESS <u>Conway, Mo.</u>
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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>Cancer of ascending Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-1-53</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastases</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-1, 1918, to 5-6, 1953, that I last saw the deceased alive on 5-5, 1953, and that death occurred at 10:40 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.W. Lindsey MD</u>	(Degree or title)	23b. ADDRESS <u>Conway Mo</u>	23c. DATE SIGNED <u>5-8-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/7/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Conway</u>	24d. LOCATION (City, town, or county) (State) <u>Conway, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-9-1953</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Funeral Home</u>	ADDRESS <u>Buffalo, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 22 1953

Received _____

Laclede County Health Unit

File No. 5.538

Date Filed MAY 26 1953

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.