FILED MAY 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18768

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5791 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUSSELVILLE, Rural
c. LENGTH OF STAY (In this place): 6 8/10
d. ~~FULL NAME OF~~ HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (Burris Fork Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUSSELVILLE, (rural) Burris Fork Twp
d. STREET ADDRESS (If rural, give location): 0680

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) HENRY c. (Last) WILLIAM PETERS

4. DATE OF DEATH (Month) (Day) (Year): APRIL 18, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 7, 1877

9. AGE (In years last birthday): 76 — If under 1 year: Months 2, Days 11; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): MONITEAU COUNTY

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: HENRY WILLIAM PETERS

13b. MOTHER'S MAIDEN NAME: LOUISE KIRCHOFF

14. NAME OF HUSBAND OR WIFE: CORDELLIA COLLETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Truman Peters, Russelville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach — Interval between onset and death: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis

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 151 X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 19 53, *to* April 18, 19 53, *that I last saw the deceased alive on* April 18, 19 53, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Owen Baylor M.D. (Degree or title)

23b. ADDRESS Jefferson City, Mo.

23c. DATE SIGNED 4-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-20-53

24c. NAME OF CEMETERY OR CREMATORY SALEM EVANGELICAL

24d. LOCATION (City, town, or county) (State) MONITEAU COUNTY, MO.

DATE REC'D BY LOCAL REG. 5/11/53

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, CALIFORNIA, MO

(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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California Mor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.