

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44859

State File No.

FILED DEC 28 1953

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 6103 Registrar's No. 60

0990

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

1. PLACE OF DEATH a. COUNTY SCOTLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY SCOTLAND	
b. CITY OR TOWN ARBELA		c. CITY OR TOWN ARBELA Rural Johnson	
c. LENGTH OF STAY (In this place) ALWAYS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0990	

3. NAME OF DECEASED (Type or Print) E. E. JOHNSON	a. (First) E	b. (Middle) MAE	c. (Last) PETERS	4. DATE OF DEATH (Month) (Day) (Year) 12 - 22 - 1953
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 3, 1877	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 76
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) HANCOCK COUNTY, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME SAMUEL WEAVER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE WILLIAM PETERS
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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)	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME WILLIAM PETERS	ADDRESS ARBELA, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach & hepatic duct.		
	ANTECEDENT CAUSES Morbid 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. mitral insufficiency			

19a. DATE OF OPERATION Nov 24 '53	19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach & gall duct	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) Memphis Mo
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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 **Oct 9th**, 1953, to **Dec. 22**, 1953, that I last saw the deceased alive on **Dec 22**, 1953, and that death occurred at **noon** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Symmonds D.O.	23b. ADDRESS Memphis Mo	23c. DATE SIGNED Dec 26 '53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DE. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Memphis	24d. LOCATION (City, town, or county) (State) Memphis, Mo.
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DATE REC'D BY LOCAL REG. 12/26/53	REGISTRAR'S SIGNATURE Vera G. Turner	416-0	25. FUNERAL DIRECTOR'S SIGNATURE Luith & Bonnett	ADDRESS Memphis, Mo.
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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.....
Signature of Student Embalmer

Signed.....
Paul Lenth

Licensed Embalmer No..... 425

P. O. Address.....
M. W. W. W.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.