

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18525**

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4190 Registrar's No. 21

0370
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLAND,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLAND, 0370	
c. LENGTH OF STAY (in this place) 42 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION family home			

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) CHARLES c. (Last) PETH		4. DATE OF DEATH (Month) (Day) (Year) JUNE 16th 1954	
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 9th 1885	9. AGE (In years last birthday) 68 yrs	If UNDER 1 YEAR Months _____ Days _____	If UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY HOME CONSTRUCTION	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME AUGUST PETH	13b. MOTHER'S MAIDEN NAME PAULINE SCHLOTTOG	14. NAME OF HUSBAND OR WIFE EFFIE (Phelps) Peth
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Mrs. Effie Peth Bland, Mo. ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUN SHOT WOUND		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RIGHT CENTER OF CHEST WOUND INFLICTED BY HENRY JANNICK, DUE TO (c) A NEIGHBOR E981X		
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 #6 shot. (12 GA. SINGLE BARREL SHOT GUN USED)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BLAND GASCONADE MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 16 1954 (9 p.m.)	21e. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE August Peth (Degree or title) CORONER	23b. ADDRESS HERMANN MO	23c. DATE SIGNED 6/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20th 54	24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	24d. LOCATION (City, town, or county) (State) BLAND, MISSOURI
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DATE REC'D BY LOCAL REG June 23, 1954	REGISTRAR'S SIGNATURE Mrs. Maria Jappin	25. FUNERAL DIRECTOR'S SIGNATURE SAMMANIS FUNERAL SERVICE ADDRESS BLAND
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JUL 1

JUL 7 1954

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 Charles Sasser

Licensed Embalmer No. 4178

P. O. Address Blount - Me

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.