

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19886

State File No. _____

FILED JUN 28 1954

Registrar's No. 227

BIRTH MO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 227	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 2 mths		c. CITY OR TOWN SEDALIA		d. STREET ADDRESS (If rural, give location) 506 W. 7th	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME - 506 W. 7th				d. STREET ADDRESS (If rural, give location) 506 W. 7th			
3. NAME OF DECEASED (Type or Print)		a. (First) FRANCIS		b. (Middle) W.		c. (Last) Peters	
4. DATE OF DEATH		(Month) June		(Day) 20		(Year) 1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 17, 1889	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING		11. BIRTHPLACE (State or foreign country) CENTER TOWN Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ADISON WILHITE		13b. MOTHER'S MAIDEN NAME MARY Mc KINEY		14. NAME OF HUSBAND OR WIFE CHARLES W. PETERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Charles W. Peters, Sedalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bowel and Liver ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1991				INTERVAL BETWEEN ONSET AND DEATH 1951 10/6/52	
19a. DATE OF OPERATION 1951		19b. MAJOR FINDINGS OF OPERATION malignant Tumor Removed from Abdomen				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)			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas J. Hapstein M.D.				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 6/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE 28, 54		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) SEDALIA Mo.	
DATE REC'D BY LOCAL REG. 6-23-54		REGISTRAR'S SIGNATURE Lorina Corntz Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Richard D. Conn - Conn Funeral Home, Joplin			

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.

Signed.....

Richard D. Conn

Signed.....

Student Embalmer

Licensed Embalmer No. *4703*

P. O. Address *Tipton, 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.