

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30234

State File No.

FILED OCT 4 1954

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **149**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Washington	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Rural	d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital		f. STREET ADDRESS (If rural, give location) 3 miles S. E. Dutzow, Mo. 1090	

3. NAME OF DECEASED (Type or Print)	a. (First) Johanna	b. (Middle) Mary	c. (Last) Peters	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1954
-------------------------------------	---------------------------	-------------------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 21, 1894	9. AGE (In years last birthday) Months Days Hours Min. 60
-------------------------	----------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Warren County, Missouri	12. CITIZEN OF WHAT COUNTRY? U S A.
---	--	--	---

13a. FATHER'S NAME August Peters	13b. MOTHER'S MAIDEN NAME Ida Ruether	14. NAME OF HUSBAND OR WIFE None
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. H. Peters, Marthasville, Missouri
--	--	--

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 2 days 6 years 7 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic Stroke		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Dementia Precox		
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 334X	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **Sept 19 48**, to **Sept 24, 1954**, that I last saw the deceased alive on **Sept. 24, 1954**, and that death occurred at **6:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. H. Peters M.D.	23b. ADDRESS Marthasville Mo	23c. DATE SIGNED 9/25/54
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 27, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Vincents Cemetery	24d. LOCATION (City, town, or county) (State) Dutzow, Missouri
--	------------------------------------	--	--

DATE REC'D BY LOCAL REG. 9/25/54	REGISTRAR'S SIGNATURE F. C. Seedman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard V. Dutzow, Marthasville, Mo.
--	---	---

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

MSOR

211

17
4

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.....
A. F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville,

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.

MSOR

211

MSOR