

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

FILED NOV 1 - 1954

10.48

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>297</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Mo</u>		c. LENGTH OF STAY (in this place) <u>5hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg Mo</u>		0140			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Fannie</u>		b. (Middle) <u>Smith</u>		c. (Last) <u>Peters</u>			
				4. DATE OF DEATH (Month) (Day) (Year) <u>10-24-54</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-13-1868</u>			
				9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House</u>		11. BIRTHPLACE (State or foreign country) <u>Williamsburg Mo</u>		12. COUNTRY OF WHAT COUNTRY? <u>U. S. A</u>			
13a. FATHER'S NAME <u>Chas W. Weeks</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Clement</u>			14. NAME OF HUSBAND OR WIFE <u>Wm W. Peters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George W. Garrett Montgomery City Mo</u>					
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				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr 45m</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Convulsion</u>				ANTECEDENT CAUSES <u>Shock</u>					
				DUE TO (b) <u>Shock</u>					
				DUE TO (c) _____					
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 _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Auto Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 49 (1 mile east Callaway east line)</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callaway Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-24-54 2:00 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident - Husband lost control while driving</u>					
22. I hereby certify that I attended the deceased from <u>10/24, 1954</u> , to <u>10/24, 1954</u> , that I last saw the deceased alive on <u>10/24, 1954</u> , and that death occurred at <u>3:45</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George F. Wood, MD</u>				23b. ADDRESS <u>614 Market St Fulton Mo</u>			23c. DATE SIGNED <u>10/27/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WILLIAMSBURG CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WILLIAMSBURG MO</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 28 - 1954</u>		REGISTRAR'S SIGNATURE <u>Marettta Lawrence</u>		426-0		25. SUPERVISOR'S SIGNATURE ADDRESS <u>Montgomery Mo</u>			

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

EX-103

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, XX on the 25 day of Oct 1954

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. S. Davis*
Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.