

FILED NOV 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

36939

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>80</u>							
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>									
b. CITY OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>yr 3</u>		c. CITY OR TOWN <u>Salem</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Mosely Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>5th st</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucinda</u>			b. (Middle) <u>-</u>		c. (Last) <u>Peters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-54</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct 6 1876</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			
13a. FATHER'S NAME _____				13b. MOTHER'S MAIDEN NAME _____				14. NAME OF HUSBAND OR WIFE <u>--</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>x</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Andy Gaines</u>				ADDRESS <u>Lenox 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bowel Obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Carcinoma of Cervix</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>171 X</u>				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>Sept 15 1954</u> to <u>Nov. 4, 1954</u> , that I last saw the deceased alive on <u>Nov 4, 1954</u> , and that death occurred at <u>7 P.M.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>B. J. Bross M.D.</u> (Degree or title)				23b. ADDRESS <u>Salem, Missouri</u>				23c. DATE SIGNED <u>11-12-54</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove cem</u>		24d. LOCATION (City, town, or county) <u>Salem Mo</u>		(State) _____					
DATE REC'D BY LOCAL REG. <u>11-12-54</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by Mrs. G. B. Hart</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. ...</u>		ADDRESS <u>Salem Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

NOV 3

**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..... *Don K. Ginner*

Licensed Embalmer No. *92*

P. O. Address *Salem*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.