

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19139

FILED JUL 7 - 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin</i>		c. CITY OR TOWN <i>Joplin</i>	Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <i>1 week</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Freeman Hospital</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>320 Wall</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Margaret</i> b. (Middle) c. (Last) <i>Peters</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 25 - 1955</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct 7 1882</i>	9. AGE (In years last birthday) <i>72</i>	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 the most of working life, even if retired) <i>Stenographer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Office Worker</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Humboldt Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Melvin L. Franklin</i>	13b. MOTHER'S MAIDEN NAME <i>Gene V. O'haver</i>	14. NAME OF HUSBAND OR WIFE <i>Charles</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>494-03-896</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Edna F. Joslin</i>	ADDRESS <i>320 Wall Joplin</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>one month</i> ANTECEDENT CAUSES DUE TO (b) <i>Arteriosclerosis 33IX</i> DUE TO (c) <i>Hypertensive Crisis - vascular disease</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertensive pneumonia and cystitis</i> INTERVAL BETWEEN ONSET AND DEATH <i>one week</i>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? _____
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22. I hereby certify that I attended the deceased from *June 17*, 1955, to *June 25*, 1955, that I last saw the deceased alive on *June 25*, 1955, and that death occurred at *11:45 A.* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Nelson S. Buddeurwald, M.D.</i>	23b. ADDRESS <i>Chicago Ill. Joplin, Mo.</i>	23c. DATE SIGNED <i>June 27, 1955</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-27-1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bella Jean Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
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DATE REC'D BY LOCAL REG. <i>7-1-55</i>	EMBALMER'S SIGNATURE <i>Edna S. James</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thornhill-Dickson</i>	ADDRESS <i>Joplin, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 7 1955

STATE BOARD OF HEALTH
JUL 1 1955

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 *David Dillon*

Licensed Embalmer No. *389A*

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.