

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13871**

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4272		Registrar's No. 28			
1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE MISSOURI b. COUNTY LAFAYETTE					
b. CITY (If outside corporate limits, write RURAL and give town or township) WAVERLY		c. LENGTH OF STAY (in this place) 30 DAS.		c. CITY OR TOWN WAVERLY		d. Is 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 KELLING CLINIC				e. STREET ADDRESS (If rural, give location) NONE					
3. NAME OF DECEASED (Type or Print)		a. (First) MAGGIE		b. (Middle) L.		c. (Last) PETERS			
4. DATE OF DEATH		(Month) 4		(Day) 18		(Year) 1956			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1-1-1891			
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) LACEY SPGS. ALABAMA		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME NATHANIEL J. MILLER		13b. MOTHER'S MAIDEN NAME MARY HAUGH		14. NAME OF HUSBAND OR WIFE HERMAN J. PETERS <i>deceased.</i>					
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 <i>Smith M. Peters</i>		ADDRESS <i>Waverly Mo</i>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 30 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)					
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 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) (Min.)		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 Jan , 1946, to April 18 , 1956, that I last saw the deceased alive on April 17 , 1956, and that death occurred at 5 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>Myrtle Kelling M.D.</i>				23b. ADDRESS <i>Waverly Mo</i>		23c. DATE SIGNED 4-18-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-20-1956		24c. NAME OF CEMETERY OR CREMATORY WAVERLY CEMETERY		24d. LOCATION (City, town, or county) (State) WAVERLY MISSOURI			
DATE REC'D BY LOCAL REG. April 20-56		REGISTRAR'S SIGNATURE <i>Clayton St. Landrum</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Boiley Funeral Home - Waverly Mo</i>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

0

4-0

OCT 31 1958.

MAR 25 1958

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 *Marion D. Bailey*.....

Licensed Embalmer No. *488*

P. O. Address *Waverly*.....

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.