

FILED DEC 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42604

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 438

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, give RURAL and give town) <u>LIBERTY TWP</u> <u>RURAL - LIBERTYVILLE</u>		c. CITY OR TOWN <u>LIBERTY TWP.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>16 mi. N.E. of FREDERICKTOWN</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>16 mi. N.E. of FREDERICKTOWN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>ANN</u> c. (Last) <u>PETERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 12, 1956</u>
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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>OCT. 28, 1882</u>	9. AGE (In years) (last birthday) <u>74</u> (Months) <u>1</u> (Days) <u>14</u>
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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	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW YORK STATE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES FORTUNE</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ARTHUR PETERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ARTHUR PETERS - WOMACK, MO.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac dilatation</u>		<u>unknown</u>
	DUE TO (c) <u>arteriosclerotic changes</u>		<u>3 mo's</u>
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 <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 15, 1956 to Dec 12, 1956, that I last saw the deceased alive on Dec 12, 1956, and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. W. Delague D.O.</u>	23b. ADDRESS <u>Fredericktown, Mo</u>	23c. DATE SIGNED <u>12/13/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/14/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 13, 1956</u>	REGISTRAR'S SIGNATURE <u>Ether Reddy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Harrison</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Raymond Wilson*.....

Licensed Embalmer No. *4884*

P. O. Address *Fredonia*

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.