8301

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 26 1957

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Howell b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs 0 46P Inside Limits Yes X No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) residence Length of stay in 1b 12 yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Howell c. CITY OR TOWN Willow Springs 0 46P Inside Limits Yes X No ☐ d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First PETER	Middle HENRY	Last ELIAS	4. DATE OF DEATH Month Mar. Day 15 Year 1957
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 10-21-1866	9. AGE (In years last birthday) 90 — 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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany 4	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Henry Elias		14. MOTHER'S MAIDEN NAME Anna (Maiden name unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Nora Elias, Willow Springs, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocarditis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic myocarditis

DUE TO (c) Senility

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

chronic Gallbladder - C.a. prostate 4222H

19. WAS AUTOPSY PERFORMED? 0 YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/3/55, to 3/14/57 and last saw her/him alive on 3/14/57

Death occurred at 3/15/57 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold W. Miller M.D. 0	22b. ADDRESS Willow Springs Mo.	22c. DATE SIGNED 3/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/17/57	23c. NAME OF CEMETERY OR CREMATORY Nease	23d. LOCATION (City, town, or county) (State) rural (Howell county)
24. FUNERAL DIRECTOR ADDRESS J. C. Burns, Willow Springs, Mo.	25. DATE RECD. BY LOCAL REG. 3/17/57	26. REGISTRAR'S SIGNATURE Marshall Ballard	

(Licensed Embalmer's Statement on Reverse Side)

...alth, Welfare ...ublic ...ervice

300 ...1-56

...Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAR 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Fred W. Barnes

Licensed Embalmer No. 461

P. O. Address Wellsville

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.