

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015292
STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 280 Primary Registration District No. 4416 Registrar's No. 22

Health,
Welfare
Public
Service

300
1-57

330

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE 0830			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN PLATTE CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 4 years		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John GRAY PETERS			4. DATE OF DEATH Month Day Year April 16, 1958		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 13, 1892		9. AGE (In years last birthday) 65 years
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL		11. BIRTHPLACE (City and state or country) MONITAKE COUNTY, Mo.	
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME NEWTON C. PETERS		13b. MOTHER'S MAIDEN NAME SARAH M. HILL	
13c. NAME OF HUSBAND OR WIFE PEARL E. GILKEY		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Address John Gus PETERS, PLATTE CITY, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis sev. years DUE TO (b) Hypertension DUE TO (c) 444X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4-6-58 to 4-16-58 and last saw him alive on 4-6-58 Death occurred at 4 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C.W. Blackwell, M.D.			22b. ADDRESS Platte City, Mo.		22c. DATE SIGNED 4-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE April 18, 1958		23c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE	
23d. LOCATION (City, town, or county) St. Clair County, Mo.		24. FUNERAL DIRECTOR ADDRESS LEWIS & SON Sehell City		25. DATE RECD. BY LOCAL REG. 4-16-58	
26. REGISTRAR'S SIGNATURE Ralph Rollins					

(Licensed Embalmers Statement on Reverse Side)

257
0



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 *John G. Lewis*

Licensed Embalmer No. *4774*
P. O. Address. *Shell City*

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.