

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021120

STATE FILE NUMBER

FILED JUL 10 1958

Registration District No. 43

Primary Registration District No. 5139

Registrar's No. 423

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Neelyville ⁰¹²⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt-1		Length of stay in lb Yrs	d. STREET ADDRESS (If outside, give location) Rt-1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANCES EVELYN PETERS			4. DATE OF DEATH Month Day Year June 18, 1958	
--	--	--	--	--

5. SEX female	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. 12, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 8 Days 6 Hours Min. 	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Butler Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	-----------------------------------	--	---

13a. FATHER'S NAME John Roberts	13b. MOTHER'S MAIDEN NAME Nancy Glass	14. NAME OF HUSBAND OR WIFE deceased Address Rt-1
---	---	---

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 Wilburn Peters Address Neelyville, 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) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c) Advanced Age 4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a)) Hypertension		19. WAS AUTOPSY PERFORMED? 2 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 <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 Neelyville, Mo.	COUNTY	STATE
---	--	--	--------	-------

21. I attended the deceased from **Jan. 9, 1956** to **June 18, 1958** and last saw her alive on **June 7, 1958**
Death occurred at **10:15 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Smith, D.O. 2	22b. ADDRESS Neelyville, Mo.	22c. DATE SIGNED 7-2-58
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/21/58	23c. NAME OF CEMETERY OR CREMATORY Roberts	23d. LOCATION (City, town, or county) (State) Rt-1 Neelyville, Mo.
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Russell-Ermert ADDRESS Corning, Ark.	25. DATE RECD. BY LOCAL REG. 7/5/58	26. REGISTRAR'S SIGNATURE R. Amacher
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All entries in Part I must be causally related.

300
-57

80

RECEIVED
JUL 8 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Richard O. Emmer

Licensed Embalmer No. 782
P. O. Address Corning

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.