

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038046
STATE FILE NUMBER

XC 467619
SL 14719
FILED SEP 8 1958
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 8256

S. 300
1-57

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|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Arkansas b. COUNTY Clay | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand St. Louis, Mo | | c. CITY OR TOWN Piggott 80308 | |
| 35 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Vet Adm Hospital 0 INSTITUTION | | Length of stay in lb 34 Days | |
| 33 d. STREET ADDRESS 469 West Main | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Emery Peters | | | 4. DATE OF DEATH Month Day Year August 21 1958 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 7/22/93 |
| 9. AGE (In years last birthday) 65 | | 10. F UNDER 1 YEAR Months Days | 11. IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape | | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | 11. BIRTHPLACE (City and state or country) Champaign, Illinois |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Albert Peters | |
| 13b. MOTHER'S MAIDEN NAME Sarah Anderson | | 14. NAME OF HUSBAND OR WIFE Clarice Peters | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes or unknown) (If yes, give year or dates of service) Yes WW I | | 16. SOCIAL SECURITY NO. 429386038 | 17. INFORMANT Address VAH Records 915 N. Grand St. Louis, 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 Congestive Heart Failure Widespread Lymphosarcoma 200.1 DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 7/18/58 to 8/21/58 and last saw him alive on 8/21/58 Death occurred at 6:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. H. Johnson (Degree or title) M.D. | | 22b. ADDRESS VAH St. Louis, Missouri | 22c. DATE SIGNED 8/22/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8/22/58 | 23c. NAME OF CEMETERY OR CREMATORY Piggott, Ark. | 23d. LOCATION (City, town, or county) (State) Piggott, Ark. |
| 24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd. | | 25. DATE RECD. BY LOCAL REG. AUG 25 '58 | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. |

(Licensed Embalmer's Statement on Reverse Side)

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
MEDICAL CERTIFICATION

SEP 12 1958

SEP 18 1958

SEP 8 1958

4826

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 *Shelley F. Galleys* Licensed Embalmer No. 4950 P. O. Address *St. Louis*

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.