

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030847

STATE FILE NUMBER

7712

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

**FILED AUG 28 1958**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Alabama</u> b. COUNTY <u>Fayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only); OR TOWN <u>ST. LOUIS, MISSOURI</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Covin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> Length of stay in lb <u>1 week</u>		d. STREET ADDRESS (If outside, give location) <u>33</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS MARION PETERS</u>			4. DATE OF DEATH Month Day Year <u>AUGUST 7, 1958</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 12, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <u>Thomas M. Peters, Sr.</u>		11b. MOTHER'S MAIDEN NAME <u>Ida Guin</u>	11. BIRTHPLACE (City and state or country) <u>Fayette Co., Alabama</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Matsie McKell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>M. Mrs. Thomas Peters</u> Address <u>Covin, Alabama</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>POSTERIOR SEPTAL MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 HOURS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			YEARS
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARCINOMA OF EPIGLOTTIS 4 MONTHS</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK 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 <u>JULY 30, 1958</u> to <u>AUG. 7, 1958</u> and last saw her alive on <u>AUG. 7, 1958</u> Death occurred at <u>5:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. C. Vermillion, M.D.</u>		22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>8/7/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Auto 8/8/1958</u>	23b. DATE <u>8/8/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fayette, Alabama</u>
24. FUNERAL DIRECTOR ADDRESS <u>Thomas Veazey F.H. Fayette, Ala.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 8 '58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Gustav W. Dulser*

Licensed Embalmer No. *4329*  
P. O. Address *St. Louis 9*

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.