URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1959

59-037082

STATE FILE NUMBER

AMENDED

Registration District No. 967 Primary Registration District No. 5902 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Black Island — Length of stay in 1b: 4days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5mi N.E. Hayti, Mo — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Pe,iscot
c. CITY OR TOWN: Caruthersville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5mi N.E. Hayti, Mo — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Edward — Middle: J. — Last: Peters

4. DATE OF DEATH: Month: Oct. — Day: 20 — Year: 1959

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: Dec.9,1908

9. AGE (last birthday): 50

IF UNDER 1 YEAR: Months 10 Days 11 — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (City and state or country): Shawnee Okla.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edward J. Peters

13b. MOTHER'S MAIDEN NAME: Sammy Carter

14. NAME OF HUSBAND OR WIFE: Nellie Peters

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.: unknown

17. INFORMANT: Family Record — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Asphyxiation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carbon Monoxide Poisoning
DUE TO (c):

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☒ **HOMICIDE** ☐

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

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year: 10-20-59

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.): Black Island

20f. CITY, TOWN, OR LOCATION: Near Hayti — COUNTY: Pemiscot — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James A. Osburn, Coroner

22b. ADDRESS: Wardell, Mo.

22c. DATE SIGNED: 10-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-26-59

23c. NAME OF CEMETERY OR CREMATORY: Rose Lawn

23d. LOCATION (City, town, or county) (State): Little Rock Ark.

24. FUNERAL DIRECTOR — ADDRESS: Noel C. Dean Caruthersville, Mo

25. DATE RECD. BY LOCAL REG.: 10-24-59

26. REGISTRAR'S SIGNATURE: LaWanda Adams

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

VS NOV 9 1959

DEC 2 1959

JAN 26 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signature of Student Embalmer

Signed Noel C Dean

Licensed Embalmer No. 394/

P. O. Address Carnthers

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.