

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002439

FILED VS FEB 8 1960

STATE FILE NUMBER

Registration District No. 182 Primary Registration District No. 4296 Registrar's No. 1

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

3. NAME OF DECEASED (Type or print) First Middle Last Wesley F. Peters			4. DATE OF DEATH Month Day Year 1 31 60				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/27/1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Tank Truck		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Wesley Peters		13b. MOTHER'S MAIDEN NAME Emma Jane Fowler		14. NAME OF HUSBAND OR WIFE Della Peters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Della Peters Browning,			

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 Circumstances Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Prostate DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6 Mo 1 2 1/2	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year			

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 Browning	COUNTY Mo	STATE Mo
21. I attended the deceased from Sept 1 1959 to Jan 31 1960 and last saw ^{when} him alive on Jan 28 1960 Death occurred at 2:30 A on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) J.P. M. Luter M.D.		22b. ADDRESS Browning Mo		22c. DATE SIGNED 1-1-1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/1/60	23c. NAME OF CEMETERY OR CREMATORY Enterprise	23d. LOCATION (City, town, or county) (State) Browning, Rural Mo	

24. FUNERAL DIRECTOR Wade Funeral Home	ADDRESS Browning	25. DATE RECD. BY LOCAL REG. Feb 4 - 1960	26. REGISTRAR'S SIGNATURE Mrs. Birdie Kelley
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gerald I. Wa

Licensed Embalmer No. 4172

P. O. Address Brown

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