

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 25 1960

-60-018928
 STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Haven Mo.</u>		c. CITY OR TOWN <u>New Haven Mo.</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		d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charles Frederick</u> Middle <u>Peters</u> Last <u>Peters</u>			4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>5-22-1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hawthorne Finishing Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Waterproofing</u>		11. BIRTHPLACE (City and state or country) <u>Washington Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Herman Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Bueker</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Peters</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>498-20-3981</u>	
17. INFORMANT <u>Mrs. Charles Peters</u>		Address <u>New Haven Mo.</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>Acute cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Acute myocardial infarction</u>	
	DUE TO (c) <u>Coronary arteriosclerosis</u>	
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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>	

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 <u>Washington Mo</u>	COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>April 1959</u> to <u>May 20, 60</u> and last saw <u>her</u> him alive on <u>May 20, 60</u> Death occurred at <u>10 P</u> m of the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Washington Mo</u>	22c. DATE SIGNED <u>5/31/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-23-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia Cem</u>
23d. LOCATION (City, town, or county) <u>Washington Mo.</u>		(State)

24. FUNERAL DIRECTOR <u>L. G. Fertig & Son</u>	ADDRESS <u>New Haven Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-23-1960</u>	26. REGISTRAR'S SIGNATURE <u>Lawrence Krueger Deputy</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS MAR 14 1960

JUN 23 1960

MAY 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 _____ or by me _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl O. Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven

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