

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034019

FILED VS OCT 3 1960

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. --- Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporation, give TOWNSHIP only) OR TOWN <u>Highway 60</u> <u>1-Miles W. Fisk Mo.</u>		Length of stay in 1b <u>- -</u>	c. CITY OR TOWN <u>Charleston, Mo.</u> <u>109 Vine St.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Poplar Bluff,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>109 Vines St.</u>

3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>Donald</u> Last <u>Peters</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>8,</u> Year <u>1960</u>	
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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>10/2/24</u>	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 24 HR Hours <u>---</u> Min. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BookKeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Parts Store</u>	11. BIRTHPLACE (City and state or country) <u>Grey Ridge, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Pearl Peters</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Peters</u>	14. NAME OF HUSBAND OR WIFE <u>Shirley Adams Peters</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW#2</u>	16. SOCIAL SECURITY NO. <u>499-32-4875</u>	17. INFORMANT <u>Shirley Adams Peters</u>	Address <u>Charleston, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Multiple Fractures</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>an automobile hitting a bridge abutment</u>	
	DUE TO (c)	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>automobile hit bridge abutment</u>
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20c. TIME OF INJURY <u>12:05</u> Hour <u>9-8-60</u> Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>near Fisk</u>	COUNTY <u>Butler</u> STATE <u>Mo</u>
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21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at 12:05 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Gover W Greer</u> (Degree or title)	22b. ADDRESS <u>Poplar Bluff Mo</u>	22c. DATE SIGNED <u>9-10-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/11/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I/O/O/P</u>	23d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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24. FUNERAL DIRECTOR <u>Mc Mickle Charleston, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>9/10/60</u>	26. REGISTRAR'S SIGNATURE <u>R. Muir</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Handwritten notes and scribbles at the top left of the page.

Handwritten signature or name in the center of the page.

VS OCT 4 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 _____, Student Embalmer No. _____

Handwritten note: working under my personal supervision.

Student _____

Signature of Student Embalmer

Handwritten note: and setting

Handwritten signature of student embalmer.

Signed *Edwin McFadden*

Licensed Embalmer No. *4695*

P. O. Address *Charleston*

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.