

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018022

STATE FILE NUMBER

38

3006

282

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 21 1962	
1. PLACE OF DEATH	
a. COUNTY Boone	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rector Nursing Home	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Mo.	b. COUNTY Boone
c. CITY OR TOWN Columbia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 102 Anderson	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED	
First Juanita	Middle Mae
Last Peters	
4. DATE OF DEATH Month Day Year 5 15 1962	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/23/1898
9. AGE (last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician	
10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	
11. BIRTHPLACE (City and state or country) Randolph County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. L. McCollough	
13b. MOTHER'S MAIDEN NAME Henrietta Welch	
14. NAME OF HUSBAND OR WIFE Ralph Peters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. _____	
17. INFORMANT Ralph Peters	
Address Columbia, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Heart Transition	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Abdominal Carcinomatosis	
DUE TO (c) Adenocarcinoma Colon	
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 checked="" 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 COUNTY STATE	
21. I attended the deceased from before 9-1-61 to 5-15-62 and last saw him alive on 5-15-62 Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) John C. Trisley Jr. M.D.	
22b. ADDRESS Columbia, Mo	
22c. DATE SIGNED 5/15-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/17/1962	
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
23d. LOCATION (City, town, or county) (State) Moberly, Missouri	
24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo.	
25. DATE RECD. BY LOCAL REG. May 16, 1962	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Trisley

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,

~~_____~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo

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.