

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

40092

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 663

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Montrose</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Length of stay in lb <u>10 days</u>	d. STREET ADDRESS (If outside, give location) <u>1 1/2 Mi N Montrose</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Peter</u> Middle <u>John</u> Last <u>Mayer</u>			4. DATE OF DEATH Month <u>12</u> Day <u>8</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-18-1881</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Boyd Wisconsin</u>
13. FATHER'S NAME <u>Peter H Mayer</u>		14. MOTHER'S MAIDEN NAME <u>Anna Scheubel</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-42-6846</u>	17. INFORMANT <u>Josephine Mayer</u> Address <u>Montrose 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>Peritonitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Intestinal Perforation</u>			<u>22 hrs</u>
DUE TO (c) <u>Strangulated inguinal hernia</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>adenocarcinoma of the sigmoid</u>			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 <u>9:10</u> Month <u>12</u> Day <u>1</u> Year <u>57</u> a. m. <u>12</u> p. m. <u>57</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>Clinton, Mo.</u>
20g. COUNTY		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>12-1-57</u> to <u>12-8-57</u> and last saw her/him alive on <u>12-8-57</u> Death occurred at <u>9:10</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm C Sunderwirth D.O.</u>		22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>12-10-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-10-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Mary's cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>
24. FUNERAL DIRECTOR <u>Sickman-Dunning</u>		25. DATE RECD. BY LOCAL REG. <u>12-10-57</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
ADDRESS <u>Clinton Mo</u>			

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

Student.....  
Signature of Student Embalmer

Signed *Robert L. Dunning*

Licensed Embalmer No. *471*

P. O. Address *Clinton*

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.