

FILED DEC. 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37556

Registrar's No. 54

BIRTH NO.		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 4256		State File No. 37556		Registrar's No. 54				
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden			c. LENGTH OF STAY (in this place) 38 yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden			0519			
d. FULL NAME OF HOSPITAL OR INSTITUTION at home, Holden, Mo.				d. STREET ADDRESS (If rural, give location) West 3rd Street								
3. NAME OF DECEASED (Type or Print) Moses			a. (First)		b. (Middle)		c. (Last) Peters		4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1950			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 9, 1872		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Hours Min. 1 15		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer				10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Craig, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Augustus Peters				13b. MOTHER'S MAIDEN NAME Hannah Stafford			14. NAME OF HUSBAND OR WIFE Maude Peters					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Peters, Holden, Missouri							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH 42-21		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: In Arteriosclerosis									20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR							
22. I hereby certify that I attended the deceased from 11/1/49, 19, to 11/24, 1950, that I last saw the deceased alive on 11/24, 1950, and that death occurred at m., from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) Kelly Rawlins M.D.				23b. ADDRESS Holden Mo				23c. DATE SIGNED 11/25/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 27 '50		24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery			24d. LOCATION (City, town, or county) (State) Holden, Missouri					
DATE REC'D BY LOCAL REG. 11-28-50		REGISTRAR'S SIGNATURE Mrs. H. V. Redford 150			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *M L Canaday*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Holden, 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 this body is not embalmed, fact should be so stated above.