

FILED MAR 14 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4199

BIRTH NO. _____		REG. DIST. NO. <u>75</u>	PRIMARY REG. DIST. NO. <u>3015</u>	Registrar's No. <u>28</u>
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (In this place) (township) <u>45 yrs</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 N. Chestnut</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		
		d. STREET ADDRESS (If rural, give location) <u>519 N. Chestnut</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MEVIN</u>	b. (Middle) <u>Lester</u>	c. (Last) <u>PETERS.</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 4-1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 9-1872</u>	9. AGE (In years last birthday) (Months) (Days) (Year) <u>78.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (State or foreign country) <u>Penn. I</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>JOHN PETERS.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mulbarger</u>		14. NAME OF HUSBAND OR WIFE <u>Gussie Peters.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War No. I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D.P. PAUL PETERS BUFFALO, N.Y.</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senility</u> DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>2-14, 1847</u> , to <u>3-4, 1951</u> , that I last saw the deceased alive on <u>3-11-51</u> , 19 <u>51</u> , and that death occurred at <u>7:30 pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>W. L. Moss M.D.</u>		23b. ADDRESS <u>Camden MO</u>		23c. DATE SIGNED <u>3-7-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grace Land</u>
24d. LOCATION (City, town, or county) (State) <u>CAMERON MO</u>				
DATE REC'D BY LOCAL REG. <u>3-10-51</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Mosley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>390 Moss CRUNK CAMERON MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 17 1951

MAR 14 1952

MAR 1 1952

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signed *Rep Mrs. Crunk*
Licensed Embalmer No. *2533*
P. O. Address *Cameron, MD*

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.