No. 300
10.48

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41088

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4157 Registrar's No. 29

0280

1. PLACE OF DEATH
a. COUNTY CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) STEELVILLE MO
c. LENGTH OF STAY (In this place)
d. ~~FULL NAME OF HOSPITAL OR INSTITUTION~~ (~~If not in hospital~~ or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE STEELVILLE MO b. COUNTY CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) STEELVILLE MO 0280
d. STREET ADDRESS (If rural, give location) 9

3. NAME OF DECEASED (Type or Print)
a. (First) FRED- b. (Middle) C c. (Last) PEETZ

4. DATE OF DEATH (Month) SEPT (Day) 17 (Year) 1951

5. SEX M **6. COLOR OR RACE** W

7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) W

8. DATE OF BIRTH 1884

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months 5 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY RETIRED

11. BIRTHPLACE (State or foreign country) Crawford Co MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FRED PEETZ

13b. MOTHER'S MAIDEN NAME LOUISE SCHWIEDER

14. NAME OF HUSBAND OR WIFE ~~FRED~~ PEETZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME MARY PEETZ **ADDRESS** STEELVILLE MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CANCER OF COLON (SIGMOID) — INTERVAL BETWEEN ONSET AND DEATH: ABOUT 1 YR.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* CARDIAC DECOMPENSATION ARRESTED PULMONARY TUBERCULOSIS

19a. DATE OF OPERATION JAN. 51

19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF SIGMOID Colon

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* 12-16, 1950, *to* 9-17, 1951, *that I last saw the deceased alive on* 9-17, 1951, *and that death occurred at* 9:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE John C Doulek Jr. M.D. (Degree or title)

23b. ADDRESS Steelville, Mo.

23c. DATE SIGNED 10-5-51

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) BURIAL

24b. DATE SEPT 20-51

24c. NAME OF CEMETERY OR CREMATORY STEELVILLE

24d. LOCATION (City, town, or county) STEELVILLE (State) MO

DATE REC'D BY LOCAL REG. 12-13-51

REGISTRAR'S SIGNATURE [illegible] 76

25. FUNERAL DIRECTOR'S SIGNATURE JONASTSON **ADDRESS** STEELVILLE MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 13 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Henry Jones Embalmed working under my personal supervision.

Student Embalmer No. .....

Signed Henry Jones

Signed .....
Student Embalmer

Licensed Embalmer No. 2638

P. O. Address Stubenville, O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.