S. No. 300
v. 10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

1866

FILED FEB 6 1952

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 13

1540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waverly, 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: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waverly
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): HERMAN
b. (Middle): JOHN
c. (Last): PETERS

**4. DATE OF DEATH** (Month) (Day) (Year): 1 31 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 3-8-1882
**9. AGE** (In years last birthday): 69 — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work in done during most of working life, even if retired): Fruit farming
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): 9
**12. CITIZEN OF WHAT COUNTRY?**:

**13a. FATHER'S NAME**: Chris Peters
**13b. MOTHER'S MAIDEN NAME**: Anna Kessner
**14. NAME OF HUSBAND OR WIFE**: Maggie Miller 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'S SIGNATURE OR NAME**: Herman Peters Jr. — ADDRESS: Waverly, 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): Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac enlargement — 40 yrs +
DUE TO (c): Gastric Ulcer — 10 yrs +

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Carcinoma of prostate — about 1 yr.

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 442 x H
**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?**: 0

22. *I hereby certify that I attended the deceased from* Jan 15, 1940, *to* Jan 31, 1952 *that I last saw the deceased alive on* Jan 31, 1952, *and that death occurred at* 10:10 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Douglas Kelling M.D.
**23b. ADDRESS**: Waverly, Mo
**23c. DATE SIGNED**: 2-1-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2/3/1952
**24c. NAME OF CEMETERY OR CREMATORY**: Waverly City Cem
**24d. LOCATION** (City, town, or county) (State): Waverly Lafayette Mo

**DATE REC'D BY LOCAL REG.**: Feb 1-1952
**REGISTRAR'S SIGNATURE**: Clayton W. Landrum 154
**25. FUNERAL DIRECTOR'S SIGNATURE**: Alfred H. Brenner — ADDRESS: Alma Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1958

## 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 Alfred H. Bremer

Licensed Embalmer No. 7696

P. O. Address Alma, 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.