

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3884

FILED FEB 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>17</u>			
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>					
b. CITY OR TOWN <u>Fairfax</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Fairfax</u>		0030			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>REKA</u>			a. (First) <u>REKA</u>		b. (Middle) <u>K.</u>		c. (Last) <u>PETERS</u>		
4. DATE OF DEATH <u>Feb 11, 1952</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 1, 1886</u>		9. AGE (In years last birthday) <u>65-6-10</u>		IF UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Atchison Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>W. J. Kramer</u>			13b. MOTHER'S MAIDEN NAME <u>Grace Rebel</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Peters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-1984</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jean Kramer</u>		ADDRESS <u>Fairfax Mo.</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							
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) _____		21d. (COUNTY) _____			
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>2/1</u> , 19 <u>52</u> , to <u>2/4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2 p.m. 2/4</u> , 19 <u>52</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James L. Coffey</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Fairfax, Mo</u>		23c. DATE SIGNED <u>2/13/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 14, 1952</u>		24c. NAME OF CEMETERY OR CREMATOR <u>English Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Marvin W. Schuler</u> 443-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schuler Funeral Home</u> ADDRESS <u>Fairfax Mo</u>					

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

MAY 3 1954

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 Embalmer No.....

Signed.....

Marvin H. Schuler

Signed.....
Student Embalmer

Licensed Embalmer No. *4162*

P. O. Address *Lauried, 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.