No. 300
10.48

FILED MAY 26 1952

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

State File No. 16278

BIRTH NO. ____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4557 Registrar's No. 0460

**1. PLACE OF DEATH**
a. COUNTY Howell 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pomona
c. LENGTH OF STAY (in this place) 60 yrs
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 Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pomona
d. STREET ADDRESS (If rural, give location) Rt - ?

**3. NAME OF DECEASED** (Type or Print) a. (First) Vincent b. (Middle) Peters c. (Last)

**4. DATE OF DEATH** (Month) (Day) (Year) 4-24-52

**5. SEX** M

**6. COLOR OR RACE** W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) S

**8. DATE OF BIRTH** 5/31-1892

**9. AGE** (In years last birthday) 60 IF UNDER 1 YEAR Months 10 Days 23 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farmer

**10b. KIND OF BUSINESS OR INDUSTRY** ✓

**11. BIRTHPLACE** (State or foreign country) White Church Mo

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Frances Peters

**13b. MOTHER'S MAIDEN NAME** Wilhelmina Nelson

**14. NAME OF HUSBAND OR WIFE** ✓

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

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** Mary Peters, Pomona Mo ADDRESS

**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) Traumatic Injury to Abdomen from direct blow - causing rupture of some Abd Viscera or Internal

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 20-30 MIN

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

E910.1

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION** 046 -3

**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT** (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ Accident

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME

**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE) POMONA - R.R#1 - Howell - Missouri

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) Apr 24, 1952 9:15 a.m.

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

**21f. HOW DID INJURY OCCUR?** Hit in Abdomen with end of limb that he was sawing from a tree -

22. *I hereby certify that I attended the deceased from ____, 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 9:30 a.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) Pellew Dunn N.M.D. Coroner

**23b. ADDRESS** Howell Co. West Plains. Mo.

**23c. DATE SIGNED** 5-5-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) B

**24b. DATE** 4/26-52

**24c. NAME OF CEMETERY OR CREMATORY** St Joseph

**24d. LOCATION** (City, town, or county) (State) Pomona Mo

**DATE REC'D BY LOCAL REG.** 5-31-52

**REGISTRAR'S SIGNATURE** X Manthalee B-27122

**25. FUNERAL DIRECTOR'S SIGNATURE** Roberson West Plains Mo ADDRESS

(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. D. D. Robertson

Licensed Embalmer No. 3437

P. O. Address Williamsburg

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.