

FILED MAY 11 1953

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

State File No. **14811**

BIRTH NO.		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4252		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Adams			
b. CITY (If outside corporate limits, write RURAL and give township) Edina		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Quincy 8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital				d. STREET ADDRESS (If rural, give location) 1818 North St. 8			
3. NAME OF DECEASED a. (First) Mace			b. (Middle)			c. (Last) Peters	
4. DATE OF DEATH (Month) (Day) (Year) April 29 1953		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	
8. DATE OF BIRTH March 26, 1890		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) N. E. of Edina, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Peters			13b. MOTHER'S MAIDEN NAME Martha Jane Eden			14. NAME OF HUSBAND OR WIFE Lillian Carr 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Martha J. Peters Kansas City, Mo.</i>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lepia's ductal hepatitis pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Thrombosis</i> DUE TO (c) <i>Arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH 1 wk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x				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) m.		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 <i>Apr. 21, 1953</i> to <i>Apr. 29, 1953</i> , that I last saw the deceased alive on <i>Apr. 29, 1953</i> , and that death occurred at <i>7:30 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Genevieve V. D.</i>				23b. ADDRESS <i>Edina, Mo.</i>		23c. DATE SIGNED <i>5/1/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 2, 1953		24c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery		24d. LOCATION (City, town, or county) (State) Knox City, Missouri	
DATE REC'D BY LOCAL REG. <i>May 5 1953</i>		REGISTRAR'S SIGNATURE <i>Helle S. Humold</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>A. B. Rimer</i>		ADDRESS <i>Edina, Mo.</i>	

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,

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edinburg, 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.