No. 300
10.48

FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29318

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 313

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
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): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0640
d. STREET ADDRESS (If rural, give location): R F D # 3

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): George Henry Peiter

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 14, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 3, Days 19 — 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: Farming
11. BIRTHPLACE (State or foreign country): Not known
12. CITIZEN OF WHAT COUNTRY?: 4

13a. FATHER'S NAME: Henry Peiter
13b. MOTHER'S MAIDEN NAME: Louise
14. NAME OF HUSBAND OR WIFE: Mary Arp Peiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XX (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. George Peiter Hannibal 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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

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.: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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?

22. *I hereby certify that I attended the deceased from* 9-3-53, 19___, *to* 9-3-53, 19___, *that I last saw the deceased alive on* 9-3-53, 19___, *and that death occurred at* 9:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard M. Strong MD
23b. ADDRESS: 1151 5th Hannibal, MO
23c. DATE SIGNED: 9-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-53
24c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
24d. LOCATION (City, town, or county): Hannibal (State): Mo.

DATE REC'D BY LOCAL REG.: 9-5-53
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher 1849-0
25. FUNERAL DIRECTOR'S SIGNATURE: H. Crawford Smith
ADDRESS: Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 11 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 11 1952

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 John S Stand

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.