

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

31142

State File No. ....

No. 300  
10.48

FILED SEP 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 48 PRIMARY REG. DIST. NO. 3007 Registrar's No. 386

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Butlar</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> c. LENGTH OF STAY (in this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missourie</u> b. COUNTY <u>Stoddard</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gray Ridge</u> <u>1030</u> d. STREET ADDRESS (If rural, give location) <u>/</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Maggie Delene Peters</u> a. (First) <u>Maggie</u> b. (Middle) <u>Delene</u> c. (Last) <u>Peters</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>9</u> <u>12</u> <u>53</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Cauc</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>3/16/96</u>
<b>9. AGE</b> (In years last birthday) <u>57</u> IF UNDER 1 YEAR: Months <u>2</u> Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>McClainsboro, Ill</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Andrew J. Hart</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary J. Snider</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Pearl Peters</u>		<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Pearl Peters</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary heart disease</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>19. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20. DATE OF OPERATION</b> <u>4201</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from <u>9-11</u>, <u>1953</u>, to <u>9-11</u>, <u>1953</u>, that I last saw the deceased alive on <u>9-11</u>, <u>1953</u> and that death occurred at <u>12:30 a. m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>Poplar Bluff Mo</u>	
<b>23c. DATE SIGNED</b> <u>9-16-53</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>9/13/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Old Bethel</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Dexter, Mo Route 4</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>9/16/53</u>		<b>ADDRESS</b> <u>Watkins Funeral Service, Dexter Mo</u>	

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

RECEIVED

SEP 21 1953  
BUTLER CO. HEALTH CENTER

FILE NO. \_\_\_\_\_

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 \_\_\_\_\_

*Earl H. Walthers*

Student Embalmer No. *489*

working under my personal supervision.

*Earl H. Walthers*

Student \_\_\_\_\_  
Student Embalmer

Signed *Walter Marsh Walthers*

Licensed Embalmer No. *4717*

P. O. Address *Butler, Pa*

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.