

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39865

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write "RURAL" and give town) Shelbina, Mo.		c. LENGTH OF STAY (in this place) 42 Yrs.	c. CITY OR TOWN Shelbina
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS X		(If rural, give location) 1020	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) WILLIAM	b. (Middle) JEFFERSON	c. (Last) PETERS	11-25-1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-23-1888
9. AGE (in years last birthday) 66	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 2	IF UNDER 24 HRS. Hours 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Shelbina, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Peters		13b. MOTHER'S MAIDEN NAME Nancey E. Wright	14. NAME OF HUSBAND OR WIFE Maudie 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. 702-12-8898	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harold Sherwood, Mexico, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severely Mangled Torso ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) #35 CB + 9 RR Train DUE TO (c) at Shelbina Station II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Coroner Jury verdict Accidental	
INTERVAL BETWEEN ONSET AND DEATH		E802 X 35	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shelbina, Missouri	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shelbina Shelby Missouri	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 25 1954 10⁰⁰ a.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Coroner		23b. ADDRESS Bethel, Missouri	23c. DATE SIGNED 12/1/1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-27-1954	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cmnty.	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.
DATE REC'D BY LOCAL REG. 12-6-54	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw & Hawkins, Shelbina, Mo. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *Body was not embalmed*..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *W. H. Harris*

Licensed Embalmer No. *349*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.