

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22948

State File No. ....

69

No. 300  
10.48

FILED AUG 15 1955

BIRTH NO. .... REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #1, Bertrand</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #1 Bertrand</u>	
c. LENGTH OF STAY (In this place) <u>30 Years</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1 Bertrand</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Route #1 Bertrand</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Charles</u> c. (Last) <u>Peters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>9</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov. 14, 1885</u>	9. AGE (In years last birthday) <u>69</u>	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Karl Peters</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Peters, Bertrand, Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Mon</u> <u>?</u> <u>?</u> <u>9/17/52</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Deceleration</u>		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension 4201</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	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 9/29, 1949, to 4/13, 1955, that I last saw the deceased alive on 4/13, 1955, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Deane</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Charleston, Mo</u>	23c. DATE SIGNED <u>4/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/15/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-2 JJ</u>	REGISTRAR'S SIGNATURE <u>John M. Deane</u>	490	25. FUNERAL DIRECTOR'S SIGNATURE <u>John M. Deane</u>	ADDRESS <u>John Nunnelee Funeral Chapel</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0670

AUG 11 REC'D  
RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed ~~AUG 12 1955~~

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**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 F. Munnellee Jr*

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.