

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

STANDARD CERTIFICATE OF DEATH

16088

FILED JUN 11 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 495-A

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Monett</u>	
c. LENGTH OF STAY (in this place) <u>9 months</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Comely Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>910 - Fourth St. 0051</u>	

3. NAME OF DECEASED (Type or Print) <u>Lillie Mae Peters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 - 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 18 - 1875</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>B. J. Jester</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy White</u>		14. NAME OF HUSBAND OR WIFE <u>Robert L. Peters (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marie Cowherd</u> ADDRESS <u>Great Bend Kansas</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerotic Heart Disease 6 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>4200</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

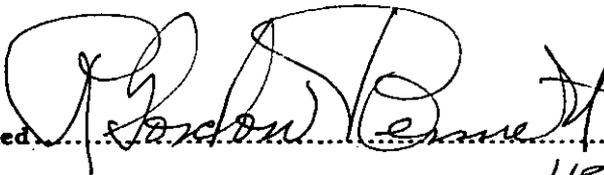
22. I hereby certify that I attended the deceased from 10-9- 19 51, to 5-27- 19 56, that I last saw the deceased alive on 5-27-56, 1956, and that death occurred at 5:00 a.m. (Approx) from the causes and on the date stated above.

23a. SIGNATURE <u>Paul O Morton</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1630 N. Jefferson Springfield Mo.</u>		23c. DATE SIGNED <u>5-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30 - 1956</u>		24c. NAME OF CEMETERY OR CREMATOR <u>I.O.O.F. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Warrington</u>		ADDRESS <u>Monett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-5-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>			

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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 42
P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.