

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3801

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Corning</u>	
c. LENGTH OF STAY (If in this place) <u>8 hours</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print)
a. (First) Rusena b. (Middle) Elizabeth c. (Last) Louise Peters

4. DATE OF DEATH (Month) (Day) (Year)
March 4, 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married 8. DATE OF BIRTH Nov. 19, 1883 9. AGE (In years, last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 10b. KIND OF BUSINESS OR INDUSTRY
In the home 11. BIRTHPLACE (State or foreign country)
Corning, Mo. 12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME Fritz Voltmer 13b. MOTHER'S MAIDEN NAME Martha Schatz 14. NAME OF HUSBAND OR WIFE
Henry A. 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. None 17. INFORMANT'S SIGNATURE OR NAME Henry Peters - Corning, Mo. ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH
12 hrs.

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart Disease 4 wks.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS -
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 4201 _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 3-4-57, 1957, to 3-4-, 1957, that I last saw the deceased alive on 3-4-, 1957, and that death occurred at 10:30 pm from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. C. Senne MD 23b. ADDRESS 706 Francis St. Joseph, Missouri 23c. DATE SIGNED 3-5-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial & removal 24b. DATE 3/7/57 24c. NAME OF CEMETERY OR CREMATORY S.O.O.F. 24d. LOCATION (City, town, or county) (State) Craig, Mo.

DATE REC'D BY LOCAL REG. March 6, 1957 REGISTRAR'S SIGNATURE Cathryn M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE Wilbur L. Scholer - Craig, Mo ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

485

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Scholes*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.