

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43560

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1450

V. S. 300
Rev. 1-57

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1801 Pacific St. | | Length of stay in lb not known | d. STREET ADDRESS (If outside, give location) 1801 Pacific St. |
| 3. NAME OF DECEASED (Type or print) First Middle Last LOUIS PETERS | | | 4. DATE OF DEATH Month Day Year Dec. 27 1957 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Not known |
| 9. AGE (In years last birthday) 96 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 11. BIRTHPLACE (City and state or country) 9 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Not known | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME Not known | | 13b. MOTHER'S MAIDEN NAME Not known | 14. NAME OF HUSBAND OR WIFE Not known |
| 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 Address Pinion Feiden St. Joseph, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH Unk. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Arteriosclerosis | | | Unk. |
| DUE TO (c) _____ | | | |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1/16/57</u> to <u>12/27/57</u> and last saw <u>him</u> alive on <u>12/26/57</u> Death occurred at <u>9:45P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) S. E. Meloney M. D. | | 22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo. | |
| | | 22c. DATE SIGNED 12/28/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-30-57 | |
| 23c. NAME OF CEMETERY OR CREMATORY City Cemetery Grave #162 | | 23d. LOCATION (City, town, or county) (State) St. Joseph Missouri | |
| 24. FUNERAL DIRECTOR Stames Funeral Home | | 25. DATE RECD. BY LOCAL REG. Jan 3, 1958 | |
| ADDRESS St. Joseph, Mo. | | 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton | |

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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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 _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.