

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019083

STATE FILE NUMBER

FILED JUN 3 1958

Registration District No. 230

Primary Registration District No. 5810

Registrar's No. 19.

S. 300  
1-57

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

1. PLACE OF DEATH a. COUNTY <b>MONTGOMERY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo 0700</b> b. COUNTY <b>MONTGOMERY</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>McKITTRICK</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>McKITTRICK</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>—</b>			Length of stay in lb <b>334RS</b>		d. STREET ADDRESS (If outside, give location) <b>(LOUISE TWP)</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM FRANK PETERS</b>				4. DATE OF DEATH Month Day Year <b>MAY 30 1958</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAU.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>APRIL 7-1876</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GEN'L Building</b>		11. BIRTHPLACE (City and state or country) <b>HERMANN Mo 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>CHRISTIAN PETERS</b>			13b. MOTHER'S MAIDEN NAME <b>JOHANNA WEIBRING</b>			14. NAME OF HUSBAND OR WIFE <b>OLLIE PETERS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>Mrs HERBERT F. MEYER McKITTRICK Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic left ventricular failure</b>						<b>5 yrs.</b>		
DUE TO (c) <b>Chronic myocarditis</b>						<b>4222 unknown</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>3/10/1952</b> to <b>5/30/58</b> and last saw her alive on <b>5/30/58</b> Death occurred at <b>11:20 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>W. F. Peters, M.D.</b>				22b. ADDRESS <b>Hermann, Mo</b>		22c. DATE SIGNED <b>5/31/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. TIME <b>6/2/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. MARCUS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>HIVELAND Mo</b>			
24. FUNERAL DIRECTOR ADDRESS <b>HUGO H. BLUMER Hermann Mo</b>			25. DATE RECD. BY LOCAL REG. <b>6/2/1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Eunice Bush</b>			

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 ROGER W. BLUMER, Student Embalmer No. 553

working under my personal supervision.

Student Roger W. Blumer  
Signature of Student Embalmer

Signed Hugh H. Blumer

Licensed Embalmer No. 3160

P. O. Address Herrmann

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.