

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037270

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 251

Primary Registration District No. 4370

Registrar's No. 227

S. 300
1-57

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1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nursing Home		Length of stay in 1b 4 yrs.	074 ¹ / ₀ STREET ADDRESS (If outside, give location) 0
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle Last PETERS			4. DATE OF DEATH Month 10 Day 12 Year 58			
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5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/25/86	9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY day	11. BIRTHPLACE (City and state or country) Pillworm, Germany 4	12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none	
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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) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Wallin Nursing Home, Clearmont, Mo.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week years.
DUE TO (b) Probable H. I. malignancy		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 159X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Securidy.		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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.) g		
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
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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 Elmo, Missouri	COUNTY	STATE
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21. I attended the deceased from Dec 10-1955 to 10/12/58 and last saw <input checked="" type="checkbox"/> him alive on Oct 2-1958 Death occurred at 2:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Deceased or title) James Cook. O.			22b. ADDRESS Elmo, Missouri		22c. DATE SIGNED Oct 14-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/15/58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town, or county) (State) Maryville, Missouri		
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24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 10-18-58	26. REGISTRAR'S SIGNATURE Bess Holt		
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Curtis E. D'Amico*

Licensed Embalmer No. *4934*

P. O. Address *Marysville*

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.