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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039276
STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 73 Primary Registration District No. 4183 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kearney — Inside Limits Yes ● No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Kearney, Mo — Length of stay in 1b years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Kearney 6 mo — Inside Limits Yes ● No ☐
d. STREET ADDRESS (If outside, give location) Kearney, Mo — Reside on Farm Yes ☐ No ●

3. NAME OF DECEASED (Type or print) First Effie Middle May Last Peters
4. DATE OF DEATH Month Nov Day 16 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ● DIVORCED ☐
8. DATE OF BIRTH May 2, 1872
9. AGE (In years last birthday) 86
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 Home
11. BIRTHPLACE (City and state or country) Kearney, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME Elisha J. Benton
14. MOTHER'S MAIDEN NAME Philena Fry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Garnett Peters, Liberty, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 2043
19. WAS AUTOPSY PERFORMED? YES ☐ NO ● 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov. 1946, to Nov. 16. 1958 and last saw her alive on Nov. 15. 1958
Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD — 22b. ADDRESS Liberty, Mo — 22c. DATE SIGNED 11-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-18-58
23c. NAME OF CEMETERY OR CREMATORY Fairview
23d. LOCATION (City, town, or county) (State) Kearney, Missouri

24. FUNERAL DIRECTOR ADDRESS Fry Funeral Home, Kearney, Mo
25. DATE RECD. BY LOCAL REG. 11-20-58
26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Van Landingha

Licensed Embalmer No. 17

P. O. Address Springf

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