Health, & Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040913
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY OSAGE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Linn, Mo. Crongord Township — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Linn Manor Rest Home — Length of stay in Institution

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY OSAGE
c. CITY OR TOWN Linn, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Linn Manor Rest Home — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HERMAN Middle Last PETERS

4. DATE OF DEATH Month NOV. Day 4, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 1868

9. AGE (In years last birthday) 90 — 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) Retired Groceryman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY? US A

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mary Tihen

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 Henry Westhews Address J C 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) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 11-1-58 to 11-4-58 and last saw him alive on 11-3-58. Death occurred at 12/30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nathan W. Baldwin (Degree or title) D.O.

22b. ADDRESS Linn

22c. DATE SIGNED 11-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/6/58

23c. NAME OF CEMETERY OR CREMATORY St. Peters

23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

24. FUNERAL DIRECTOR Schroeder Dube ADDRESS J C MO.

25. DATE RECD. BY LOCAL REG. Nov. 15 1958

26. REGISTRAR'S SIGNATURE Mrs T. A. Dubrouillet

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Sylvester Quelle

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.