

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032013

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 154

FILED AUG 22 1962

VS 300 Rev. 4/59

6817
20630

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Meriwether</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		c. CITY OR TOWN <u>Belle</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hosp</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED First <u>HANNAH</u> Middle <u>PETERS</u> Last		4. DATE OF DEATH Month <u>August</u> Day <u>8</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-22-1878</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>HIGH GATE MO.</u>
13a. FATHER'S NAME <u>PINKNEY PETERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARETE SMITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mary Peters - Belle - Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Cardiovascular renal disease</u> DUE TO (c) <u>Atherosclerosis + senility</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured hip 10 days previously</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Deceased</u>
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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>Aug 2, 62</u> to <u>Aug 8, 62</u> and last saw <u>her</u> alive on <u>Aug 8, 62</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Shirley Myer</u> (Degree or title)		22b. ADDRESS <u>Newburg, Mo</u>	
22c. DATE SIGNED <u>Aug 8, 62</u> (State)		22d. NAME OF CEMETERY OR CREMATORY <u>Highgate Cemetery</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23d. LOCATION (City, town, or county) <u>Meriwether County - Mo</u>	
24. FUNERAL DIRECTOR <u>Sassman's Funeral Service - Belle - Mo</u> ADDRESS <u>Chute Sassman</u>		25. DATE RECD. BY LOCAL REG. <u>8-9-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 5 1962

OCT 23 1962

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 Chester S. Seeman

Licensed Embalmer No. 4128

P. O. Address Blond-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.