

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000037

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 4

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 14 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

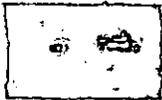
DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 4 days	c. CITY OR TOWN Borin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Borin
3. NAME OF DECEASED (Type or print) William Edwin Peters			4. DATE OF DEATH January 1, 1963
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/18/1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Clark Co., Missouri	9. AGE (last birthday) 83
13a. FATHER'S NAME John Peters		13b. MOTHER'S MAIDEN NAME Catherine Faass	12. CITIZEN OF WHAT COUNTRY U. S. A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of)		14. NAME OF HUSBAND OR WIFE Barbara Peters	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE		17. INFORMANT Mrs. Wm. Peters Gorin, Missouri	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SEPTICEMIA FROM PULMONARY ABSCESS		INTERVAL BETWEEN ONSET AND DEATH 15 MIN	
DUE TO (c) PERICARDITIS MYOCARDITIS PERICARDIAL EFFUSION		7 Days (?)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): UREMIA - R. Bone Marrow - ANEMIA		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 DEC 28 - 1962 to JAN 1 - 1963 and last saw him alive on JAN 1 - 1963 Death occurred at 18:15 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Debit or title) Paul Laughlin J. DO.		22b. ADDRESS KIRKSVILLE, Mo	22c. DATE SIGNED 1-6-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/4/1963	23c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery	23d. LOCATION (City, town, or county) (State) Memphis, Missouri
24. FUNERAL DIRECTOR GERTH & BASKETT MEMPHIS, MO.		25. DATE RECD. BY LOCAL REG. 1-11-1963	26. REGISTRAR'S SIGNATURE David W. Pettif

USE BLACK INK OR TYPEWRITER RIBBON



EARL BAUGHMAN, JR., D.O.

Permit issued Jan. 2, 1968

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 George Keith

Licensed Embalmer No. 5091

P. O. Address Memphis, 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.