

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050548

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6166 Registrar's No. 104

FILED DEC 31 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Stone</u>		a. STATE <u>Missouri</u> COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pierce</u>		Length of stay in lb <u>23 mos.</u>	c. CITY OR TOWN <u>Crane, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. west of Crane</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 mi west of Crane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Albert N.</u> Middle <u>Peters</u> Last <u></u>			4. DATE OF DEATH Month <u>12</u> Day <u>22</u> Year <u>63</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-24-76</u>
		9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>
			IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surveyor ret</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>stone county</u>	11. BIRTHPLACE (City and state or country) <u>stone county</u>
			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alfred Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hilton</u>	14. NAME OF HUSBAND OR WIFE <u>Birdie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Birdie Peters</u> Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>			<u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary Emphysema</u>			<u>Years</u>
DUE TO (c) <u>Diabetes Mellitus</u>			<u>Years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			
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>4/29/61</u> to <u>12/22/63</u> and last saw him <u>xxx</u> alive on <u>12/16/63</u>		Death occurred at <u></u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>A. P. Lepetti M.D.</u> (Degree or title)		22b. ADDRESS <u>Crane, Missouri</u>	22c. DATE SIGNED <u>12/23/63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-24-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Galena Cemetery</u>	23d. LOCATION (City, town, or county) <u>Galena, Missouri</u>
24. FUNERAL DIRECTOR <u>Cheatham-Stumpoff Funeral Home</u> <u>Galena, Missouri</u> ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>Dec 28, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u>

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300
Rev. 4/59

1040

21040

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260x

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1290-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

Permit obtained
12-28-63
3478

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 Gary M. Stumoff, Student Embalmer No. 704

working under my personal supervision.

Student Gary M. Stumoff
Signature of Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.