

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5016 Registrar's No. 146

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY	Cole	a. STATE	Missouri
b. COUNTY		b. COUNTY	Cole 0264
c. CITY (If outside corporate limits, write RURAL and give township)	Jefferson City	c. CITY (If outside corporate limits, write RURAL and give township)	Jefferson City
d. FULL NAME OF HOSPITAL OR INSTITUTION	826 Fairmount Blvd	d. STREET ADDRESS	826 Fairmount Blvd

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Scott	Peters		June	19	1952

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-24-1893	9. AGE (In years last birthday) 58	10. IF UNDER 1 Year Months Days	11. IF UNDER 1 Year Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Legal	Huntland, Tenn	U.S.A.

13a. FATHER'S NAME David W. Peters	13b. MOTHER'S MAIDEN NAME Lucie E. Taylor	14. NAME OF HUSBAND OR WIFE Evangeline M. Peters
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
No	None	Mrs. Scott Peters.	Jefferson City.

<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) <u>Cancer of Intestine</u></p> <p><u>Inhibitions</u></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	<p>_____</p>	<p>_____</p>

19a. DATE OF OPERATION
March-1951

19b. MAJOR FINDINGS OF OPERATION
Laceration of Bladder

20. AUTOPSY?
YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>21B</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY	(Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
						153XA

22. I hereby certify that I attended the deceased from May 10, 1957 to June 19, 1957, that I last saw the deceased alive on June 18, 1957 and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree of Sale) 23b. ADDRESS *234 Madison Ave* 23c. DATE SIGNED *6/22/64*

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town or county)	(State)
Burial	June-21-52	California Cemetery	California	Mo

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	SEMINAL DIRECTOR'S SIGNATURE	ADDRESS
June 2, 1955	[Signature]	[Signature]	Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.