V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED APR 12 1946

State File No. 8505

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 75

10
2
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**1. PLACE OF DEATH:**

(a) County Boone
(b) City or town Columbia, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days. 0 (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Bates 7
(c) City or town Bulter, Mo. rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #2 0 (If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

**3. (a) PRINT FULL NAME** Peterson, Calvin Clyde

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs Birdie Peterson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 30 (Day) 1882 (Year)

8. AGE: Years 63 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Fairberry, Nebr. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name D K
13. Birthplace D K (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name D K
15. Birthplace D K (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Birdie Peterson
(b) Address R. F. D. #2 Bulter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 46 (Month) (Day) (Year)
(c) Place: burial or cremation Butler Mo
18. (a) Signature of funeral director R. Ovillett
(b) Address Columbia Mo
19. (a) 3-24-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 24 year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 22, 1946, to March 24, 1946; that I last saw him alive on March 24, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremia | 2 yrs+ |
| Due to Benign prostatic obstruction | 2 yrs+ |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature William T. Moss (M. D. or other) MD
Address Ellis Fischel Hosp Date signed 3/24/46
Columbia Mo.

37 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-11-46

## 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, [redacted] .....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lyman A. Dfrinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.**