No. 300
10.46

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

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19304

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4204 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laredo
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laredo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hiram
b. (Middle): Alvin
c. (Last): Peterie

4. DATE OF DEATH (Month) (Day) (Year): April 4 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 18 1858
9. AGE (In years last birthday): 90 — If under 1 year: Months 9, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mason
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Laredo Missouri
12. CITIZEN OF WHAT COUNTRY?: United States

13a. FATHER'S NAME: Hiram Peterie
13b. MOTHER'S MAIDEN NAME: Eliza Peterie
14. NAME OF HUSBAND OR WIFE: Rebecca Jane Peterie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: James B. Peterie — **ADDRESS**: Chillicothe Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 4 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1948, *to* Apr. 4, 1949, *that I last saw the deceased alive on* Mar. 30, 1949, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph A. Conrad, M.D.
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: Apr. 6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 7 1949
24c. NAME OF CEMETERY OR CREMATORY: Laredo
24d. LOCATION (City, town, or county) (State): Laredo Missouri

DATE REC'D BY LOCAL REG.: 3/7/49
REGISTRAR'S SIGNATURE: Irene Faith
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: E. J. Robertson Funeral Home. Laredo

(Licensed Embalmer's Statement on Reverse Side)

JUN 6 1949

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.....
Student Embalmer

Signed John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.