

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

585

State File No. \_\_\_\_\_  
Registrar's No. 13

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015

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

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Cameron</u>	c. LENGTH OF STAY (in this place) <u>23 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Shovel Township</u> <u>6250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile South of 121 Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>	b. (Middle)	c. (Last) <u>Peterson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 1950</u>
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5. SEX <u>M</u>	6. COLOR OR COMPLEXION <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4 1868</u>	9. AGE (In years) (If under 1 year last birthday) (If under 1 year Months) (If under 1 year Days) (If under 1 year Hours) (If under 1 year Min.) <u>81</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm work</u>	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry W. Peterson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gool</u>	14. NAME OF HUSBAND OR WIFE <u>ANNIE Peterson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO WA</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Peterson</u>	ADDRESS <u>mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma lungs</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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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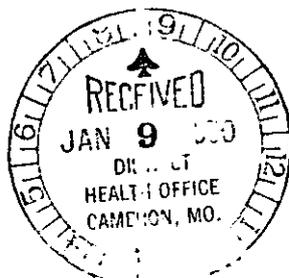
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-10, 1948, to 1-3, 1950, that I last saw the deceased alive on 1-2, 1950, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Thomas M. Cameron MD</u>	23b. ADDRESS <u>Cameron MO</u>	23c. DATE SIGNED <u>1-3-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenland</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron MO</u>
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DATE REC'D BY LOCAL REG. <u>1-7-50</u>	REGISTRAR'S SIGNATURE <u>Wm Fred W. Moser 390</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>	ADDRESS <u>Cameron</u>
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**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

*Joseph G. Marshall*

Licensed Embalmer No. 2425

P. O. Address 224 1st St

*Cameron, Missouri*

**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.