

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7641
Registrar's No. 286

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Washington town</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Washington township</u>		0110 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Mi. N. E. of St. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. N. E. of St. Joseph</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Peterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1951</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 18, 1891</u>		
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Wathena, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jacob Lakin</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Norman</u>			14. NAME OF HUSBAND OR WIFE <u>Marion R. Peterson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Marion R. Peterson, R.F.D.#3</u> ADDRESS <u>St. Joseph, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>5 yrs</u> <u>331X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>March 19 50</u> , to <u>March 10, 1951</u> , that I last saw the deceased alive on <u>March 9, 1951</u> , and that death occurred at <u>2:05 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John H. Swails, M.D.</u>				23b. ADDRESS <u>Wathena, Kansas</u>		23c. DATE SIGNED <u>3/10/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>		
DATE REC'D BY LOCAL REG. <u>March 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>		

NOV 29 1981

schneider

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 *James P. Hawkins*
Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Jps

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.