

No. 300
10.48

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22329

BIRTH NO. 42603-51 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: specified before)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau			a. STATE MO b. COUNTY Cape Girardeau		
c. LENGTH OF STAY (in this place) 1 day			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. FERDINAND'S HOSPITAL			d. STREET ADDRESS (If rural, give location) Marston		

3. NAME OF DECEASED a. (First) Baby b. (Middle) PETERSON c. (Last) PETERSON			4. DATE OF DEATH (Month) (Day) (Year) JULY-20-1951		
5. SEX FEMALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH JULY-19-1951		9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	
11. BIRTH PLACE (State or foreign country) CAPE GIRARDEAU, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME C. G. PETERSON		13b. MOTHER'S MAIDEN NAME MARGIE WEARTHLEY		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. G. Peterson, Marston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURELY ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776X		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 7/20, 1951, to 9/20, 1951, that I last saw the deceased alive on 9/20, 1951, and that death occurred at 11:21 AM from the causes and on the date stated above.					

23a. SIGNATURE [Signature]		23b. ADDRESS Cape Girardeau, MO		23c. DATE SIGNED 8/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 23, 51		24c. NAME OF CEMETERY OR CREMATORY 190 UNDS	
24d. LOCATION (City, town, or county) (State) NEAR, NEW MADRID, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] New Madrid			
DATE REC'D BY LOCAL REG 8-6-51		REGISTRAR'S SIGNATURE [Signature]		44	

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

RECEIVED

AUG 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....
Student Embalmer

Signed *L. S. Hardy*

Licensed Embalmer No. *3803*

P. O. Address *New York, N.Y.*

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.