

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34599

State File No.

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Sedgwick 8150</u>	
b. CITY (If outside corporate limits, write RURAL OR TOWN <u>Near Powellville, Mo.</u>) OR TOWN <u>Near Powellville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wichita</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deas Powellville</u>		d. STREET ADDRESS (If rural, give location) <u>141 1/2 N Market St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elmer</u>	b. (Middle) <u>Charles</u>	c. (Last) <u>Peterman</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Nov</u> <u>4</u> <u>1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married.</u>	8. DATE OF BIRTH <u>3 July 1925</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bartsville, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Milton T. Peterman</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE
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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>Yes Enl (31 Aug 51)</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>US ARMY HOSPITAL GEORGE F. SAWYER, Capt, MSC, Ft Leonard Wood,</u>	ADDRESS <u>Leonard Wood,</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid & ventricular hemorrhage, but at onset</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>Trach. mech</u> DUE TO (c) <u>7164/6</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>irreversible abrasions of skin</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>81</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Powellville Phelps Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 4 1951 1955</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident.</u>
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22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth C. Nichol Captain</u>	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>5 Nov 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Nov. 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Wichita Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 6, 1951</u>	REGISTRAR'S SIGNATURE <u>Dadone L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedge Heron, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6010

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 *Walter P. Hayes*

Licensed Embalmer No. *4265*

P. O. Address *St. Louis, 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.