

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19512**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>673</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Andrew</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Joseph</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Clay</b>		<b>0020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>mo meth Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>4 miles N.W. Fillmore</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CARL</b> b. (Middle) <b>William</b> c. (Last) <b>Peterson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 6, 1872</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>19</b>	IF UNDER 1 MIN. Hours <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Paxton, Ill /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John S. Peterson</b>			13b. MOTHER'S MAIDEN NAME <b>Charlotte</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie C. Peterson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Peterson, Fillmore mo</b>			ADDRESS
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) <b>Acute myocardial infarction</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <b>6/24</b> , 1952, to <b>6/25</b> , 1952, that I last saw the deceased alive on <b>6/25</b> , 1952 and that death occurred at <b>11:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Carpenter M.D.</b>				23b. ADDRESS <b>902 Edmund St Joseph</b>		23c. DATE SIGNED <b>6/27/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 27, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>		24d. LOCATION (City, town, or county) (State) <b>4 mi. N.W. Fillmore mo</b>	
DATE REC'D BY LOCAL REG. <b>6-30-1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casst</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. Alan Cole</b>		ADDRESS <b>Savannah mo</b>	

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

Dr Ide  
OR  
Carpenter

**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 C. Klean Cook

Licensed Embalmer No. 4670

P. O. Address Savannah 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.