

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39611

State File No. _____

No. 300
48
7420

DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 304 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. Institutions residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Maryville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS <u>319 E. 2nd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clude</u> b. (Middle) <u>H.</u> c. (Last) <u>Peterson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-1952</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>married</u>	8. DATE OF BIRTH <u>Jan 25, 1892</u>	9. AGE (In years last birthday) (Months) (Days) <u>60</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drainage</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Drainage Contractor - Platte Co. - Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Forrest W. Peterson</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Cochriell</u>	14. NAME OF HUSBAND OR WIFE <u>Mona Peterson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mona Peterson</u>	ADDRESS <u>Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVIEW BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> <u>Hypertension/Heart disease</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 _____, 19____, to Nov 29, 1952, that I last saw the deceased alive on Nov 29, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. H. Sylvest</u> (Degree or title)	23b. ADDRESS <u>and Maryville, Mo.</u>	23c. DATE SIGNED <u>12/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cem - Maryville - Mo -</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>12-13 52</u>	REGISTRAR'S SIGNATURE <u>Bess Bolt 229</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>G. M. Hutchison</u>	ADDRESS <u>Maryville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *G M Cleckison*

Licensed Embalmer No. *3279*

P. O. Address *Maryville 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.