

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44335

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6227 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Deerfield</u> c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deerfield - Rural</u> <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>miles East of Deerfield</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles east of Deerfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ola</u> b. (Middle) <u>PETERSON</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>December 3, 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>widowed</u>	8. DATE OF BIRTH <u>11-15-1861</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Sweden</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peper Peterson</u>	13b. MOTHER'S MAIDEN NAME <u>Inga Monson</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Ripley</u>
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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>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Carl Peterson</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmitities of old age</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> <u>no medical history</u> DUE TO (c) <u>no doctor present at time of death. I never seen this man alive.</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>He had been in a weakened condition for several weeks</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>He had been in a weakened condition for several weeks</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>794X</u>
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? <u>suicide</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I just saw the deceased alive on _____, 19____, and that death occurred at _____ A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter D. Thurman, Coroner</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Nevada Missouri</u>	23c. DATE SIGNED <u>12-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deerfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Deerfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-8-52</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Mortuary-Ft. Scott, Kansas</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED DEC 16 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~XXXXX~~ by

Harold J. Stapleton

working under my personal supervision.

Student Embalmer No. 4491

Signed Harold J. Stapleton
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2081

P. O. Address Ft. Scott, Kansas

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.