

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5556**

FILED FEB 25 1953

BIRTH NO. 14538 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 38

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (in this place) <u>44 days</u>		d. STREET ADDRESS (If rural, give location) <u>Callers Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callers Hospital</u>		e. STREET ADDRESS <u>Callers Hospital</u>	

3. NAME OF DECEASED a. (First) <u>Anthony</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Peterie</u>			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>11</u> (Year) <u>1953</u>		
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>Feb 8 1953</u>		9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>24</u>		10. IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Darl Neil Peterie</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Joyce Arbuckle</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Neil Peterie</u> ADDRESS <u>Brookfield, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		DUE TO (b) <u>Prematurity</u>			<u>24 hours</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>76-35</u>			<u>9 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infant weighed 2 lbs 3 oz at birth and was a 6 1/2 month baby.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 Feb 8, 1953, to Feb 11, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Clark M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton, Mo</u>		23c. DATE SIGNED <u>2-15-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 12 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorado Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lorado MO</u>	
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DATE REC'D BY LOCAL REG. <u>2-12-53</u>		REGISTRAR'S SIGNATURE <u>Gene J. J. 119</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u> ADDRESS <u>Funeral Home Lorado</u>	
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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

J. M. Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo, 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.