

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **29291**

FILED AUG 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **98**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>Macon</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Hudson</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Hudson</b>	d. STREET ADDRESS (If rural, give location) <b>R.F.D. Macon 0610</b>

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Alice</b>	b. (Middle) <b>Lizzie</b>	c. (Last) <b>Peterson</b>	<b>Aug. 9, 1953</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 26, 1880</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Sullivan County Kans.</b>	

<b>13a. FATHER'S NAME</b> <b>L. M. Van Doren</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Hockett</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Frank O. Peterson</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>no</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Frank O. Peterson</b>
		<b>ADDRESS</b> <b>Macon, Mo.</b>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION'S</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 hour</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Aneurysm</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>General Debility</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>443 X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from June 19, 1949, to Aug 9, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 2:20 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Frank O. Peterson</b>	<b>23b. ADDRESS</b> <b>Macon Mo.</b>	<b>23c. DATE SIGNED</b> <b>8/11/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>Aug 12, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Woodlawn Cem.</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Macon Mo.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Lester Sutton</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>8/14/53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Paul McNeely</b>	<b>ADDRESS</b> <b>Macon, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8.18.53  
MACON COUNTY HEALTH DEPARTMENT  
County File No: 8.53.151  
Date Filed: 8.19.53

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 Charles L. Hutton  
Licensed Embalmer No. 4577  
P. O. Address Macon, Ga

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.