

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4563

State File No. _____

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>514 State</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hildred</u> b. (Middle) <u>Pauline</u> c. (Last) <u>Peterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 21, 1920</u>		9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wm. Curtis Conaway</u>		13b. MOTHER'S MAIDEN NAME <u>Mellie Jane</u>		14. NAME OF HUSBAND OR WIFE <u>John R. 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. <u>553-30-4675</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carson Conaway- Bro. Hardy, Ark.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pulmonary atelectasis</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Multiple gunshot wound left diaphragm & Chest</u> <u>8 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Multiple gunshot wounds of abdominal viscera</u> <u>8 days</u>		II. OTHER SIGNIFICANT CONDITIONS <u>E981X</u>	
19a. DATE OF OPERATION <u>2-13-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gunshot wounds of diaphragm, spleen Liver, stomach and intestines</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cleaning Shop</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 -13-54 9A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot by husband</u>	

22. I hereby certify that I attended the deceased from 2-13, 19 54, to 2-21, 19 54 that I last saw the deceased alive on 2-21, 19 54, and that death occurred at 5:00A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Muhail Clarke M.D.</u>		23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>2-22-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Crest Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-23-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1147 S. Alton</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 2 1914

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 X
Student Embalmer

Signed

[Handwritten Signature]
Licensed Embalmer No. 3312

P. O. Address *[Handwritten: Springfield]*

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.