No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8022

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5240 Registrar's No. 7

0200

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

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Washington
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 12 Miles N.E. of Stockton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Washington
d. STREET ADDRESS (If rural, give location): 12 Miles N.E. of Stockton

0200

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): OWEN
c. (Last): PETERIE

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1908
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 1, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Livestock Farmer
11. BIRTHPLACE (State or foreign country): St. Clair County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: John Peterie
13b. MOTHER'S MAIDEN NAME: Charley Mae Rand
14. NAME OF HUSBAND OR WIFE: June Peterie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: June Peterie Humaneville, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7955
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* ~~attended~~ VIEWED *the deceased* ~~from~~ OK. 3-11, 1954, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D Gwinn, Coroner
23b. ADDRESS: El Dorado Springs, Mo
23c. DATE SIGNED: 3-11-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-14-1954
24c. NAME OF CEMETERY OR CREMATORY: Stockton City Cemetery
24d. LOCATION (City, town, or county) (State): Stockton, Mo.

DATE REC'D BY LOCAL REG.: 3-18-54
REGISTRAR'S SIGNATURE: Geneva Garrison 154
FUNERAL DIRECTOR'S SIGNATURE: Cantlon Funeral Home — ADDRESS: Stockton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.