No. 300
10.45

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29636

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6215 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osage Tp. Rural
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): U.S. Highway # 71

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1323 Hill St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Delmer
b. (Middle): Ray
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): 8 - 15 - 1954

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept 9 1939
9. AGE (In years last birthday): 15 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Mechanic - Motor Cycle Shop -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Joplin Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Alvin Peterson
13b. MOTHER'S MAIDEN NAME: Verla Jones
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 493-38-6265
17. INFORMANT'S SIGNATURE OR NAME: Alvin Peterson 1323 Hill
ADDRESS: Joplin

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) Severe head injury
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) Internal injuries
DUE TO (c) Motor Cycle - Automobile Collision on U.S. Highway No. 71 Killed instantly (11 mi. North Nevada)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Was riding motorcycle and struck from rear by automobile.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No doctor present at time of death.
20. AUTOPSY? YES ☐ NO ☑

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21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Highway # 71
21c. (CITY, TOWN, OR TOWNSHIP): Osage Tp.
(COUNTY): Vernon
(STATE): Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 15 - 54 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Motor cycle - auto collision

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

23a. SIGNATURE (Degree or title): Walter D. Thurman 3, Coroner
23b. ADDRESS: Nevada, Missouri
23c. DATE SIGNED: 8-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 18, 1954
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial
24d. LOCATION (City, town, or county) (State): Joplin Mo

DATE REC'D BY LOCAL REG.: 8-24-54
REGISTRAR'S SIGNATURE: Bliss B. Daily 463
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill - Willow - Joplin
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 15 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No. 5.02.

working under my personal supervision..

Student Francis C. Marsh
Signature of Student Embalmer

Signed Ray F. Webster

Licensed Embalmer No. 480

P. O. Address Nevada, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.