No. 300
10.48

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31550

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4458 Registrar's No. 41

0930
1

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

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Collins
c. LENGTH OF STAY (in this place) 66 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Clair
c. CITY OR TOWN Collins
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0930

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) David c. (Last) Peterman

4. DATE OF DEATH (Month) (Day) (Year) Aug; 27, 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec; 9, 1878
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Ray County Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME S.A. Peterman
13b. MOTHER'S MAIDEN NAME Elizabeth Cooper
14. NAME OF HUSBAND OR WIFE Effie Peterman

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.
17. INFORMANT'S SIGNATURE OR NAME Effie Peterman, Collins Missouri 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) Cardiac Thrombosis — 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)
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4343
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 the deceased from* 2-17, 1954, *to* 8-27, 1954, *that I last saw the deceased alive on* 8-27, 1954, *and that death occurred at* 7:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Dr. E. D. Brown (Degree or title) DO. 2
23b. ADDRESS Collins Missouri
23c. DATE SIGNED 8/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/29/54
24c. NAME OF CEMETERY OR CREMATORY Robinson
24d. LOCATION (City, town, or county) Collins Missouri (State)

DATE REC'D BY LOCAL REG. 9-16-54
REGISTRAR'S SIGNATURE Ruth Seevers 288-0
25. FUNERAL DIRECTOR'S SIGNATURE F. B. Goodrich ADDRESS Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 7 1964

SEP 27 19

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... [signature]

Licensed Embalmer No. 3038

P. O. Address Osceola

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.