

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6948**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **6101** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Gorin "Rural"</b>		c. CITY OR TOWN <b>Near Gorin, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place township) <b>10 yrs</b>		STREET ADDRESS (If rural, give location) <b>09800</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>William</b>	b. (Middle) <b>Millard</b>	c. (Last) <b>Peterson</b>	<b>Febr. 26, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 20 1878</b>	9. AGE (In years last birthday) <b>76</b>	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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b> Axel Peterson</b>		13b. MOTHER'S MAIDEN NAME <b> Mary Ann Hem</b>		14. NAME OF HUSBAND OR WIFE <b> Mrs. CECILIA PETERSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b> Mrs. Coleman Peterson Wyaconda, Mo.</b>	

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) <b> Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b> 15 yrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b> Chronic Glomerular Nephritis</b>		<b> 15 yrs</b>	
		DUE TO (c) <b> Arteriosclerosis</b>		<b> 15 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b> Cerebral Hemorrhage</b>		<b> 2 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 20, 1953**, to **Feb. 25, 1955**, that I last saw the deceased alive on **Feb. 25, 1955**, and that death occurred at **9:20 p.m.**, from the causes and on the date stated above. **Feb 26,**

23a. SIGNATURE (Degree or title) <b> Dr. C. M. Smiley M.D.</b>		23b. ADDRESS <b> Gorin, Mo</b>		23c. DATE SIGNED <b> Mar. 3, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b> BURIAL</b>		24b. DATE <b> MARCH 1, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b> GORIN CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b> GORIN, MO.</b>	

DATE REC'D BY LOCAL REG. <b> 3/5/55</b>		REGISTRAR'S SIGNATURE <b> Vera E. Turner</b> <b> 476</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b> Gerth + Basket Wyaconda Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
Signature of Student Embalmer

Signed..... *George U. Baskett*

Licensed Embalmer No. .... *18*

P. O. Address..... *Wyaed*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**