

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25562

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. LENGTH OF STAY (In this place) 3 days	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 303 E. Washington		e. STREET ADDRESS (If rural, give location) Peyton Street 019/5	

3. NAME OF DECEASED (Type or Print) David	a. (First)	b. (Middle) John	c. (Last) Peterson	4. DATE OF DEATH (Month) (Day) (Year) August 13, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 15, 1876	9. AGE (In years last birthday) Months Days 78 9 28	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Near Freeman, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George B. Peterson	13b. MOTHER'S MAIDEN NAME Elizabeth Stark	14. NAME OF HUSBAND OR WIFE Dolly Sutton Peterson
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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 Mrs. Elmer Leimlahler Harrisonville, Mo.	ADDRESS Harrisonville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		<i>3 1/2 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral hypertension</i>		<i>8 yrs.</i>
DUE TO (c)		331X	
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 9, 1953, to Aug 14, 1955, that I last saw the deceased alive on Aug 13, 1955, and that death occurred at 8: p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. S. Triplett M.D.</i>	23b. ADDRESS <i>Harrisonville Mo</i>	23c. DATE SIGNED <i>8-15-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>Aug. 15, 55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Freeman Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Freeman, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>August 15, 1955</i>	REGISTRAR'S SIGNATURE <i>Nora Barard</i>	457- <i>457-1</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>William Bros Harrisonville, Mo.</i>	ADDRESS <i>Harrisonville, Mo.</i>
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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 *Robert W. Atkinson*.....

Licensed Embalmer No. *4902*.....

P. O. Address *Quincy, Ill.*.....

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.