

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9524

State File No. _____

FILED APR 3 - 1956

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville Mo
c. LENGTH OF STAY (In this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION 2157. Fountain

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Cartersville
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 2157. Fountain 0490

3. NAME OF DECEASED
(Type or Print)
a. (First) Inez b. (Middle) Estelle c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year)
May 25 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH
MAY 30, 1891

9. AGE (In years last birthday) 64
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)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) CARTERSVILLE Mo

12. CITIZEN OF WHAT COUNTRY? U.S.O.

13a. FATHER'S NAME
ALPHUS HUMMELL

13b. MOTHER'S MAIDEN NAME
ADDIE D. BENYON

14. NAME OF HUSBAND OR WIFE
Mrs. Peterson (Deceased)

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 ADDRESS
Mrs Hazel Arny Cartersville Mo

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart block

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

DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
443x

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 1950, 19__, to death, 19__, that I last saw the deceased alive on Nov 15, 1955, and that death occurred at 12:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J.M. Jones D.O.

23b. ADDRESS
Cartersville, Mo

23c. DATE SIGNED
3/28/56

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
3-27-1956

24c. NAME OF CEMETERY OR CREMATORY
OZARK MEMORIAL PARK

24d. LOCATION (City, town, or county) (State)
Joplin, Mo

DATE REC'D BY LOCAL REG.
3-28-56

REGISTRAR'S SIGNATURE
Mrs. Madeline Sirtzer Johnson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Arce - Simpson Matwary

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

474

RECEIVED APR 2 1956
Jasper County Health Office
County File Number 56-44-277
Date Filed APR 2 1956

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 Harvey E. Lane
.....

Licensed Embalmer No. 446

P. O. Address Wet. Co.

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.