

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4557

1. PLACE OF DEATH a. COUNTY ST. LOUIS MISSOURI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Butler			
b. CITY OR TOWN MISSOURI		c. LENGTH OF STAY (in this place) 22d.		c. CITY OR TOWN Poplar Bluff			
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSP		STREET ADDRESS (if rural, give location) 805 Benton St.					
3. NAME OF DECEASED (Type or Print) a. (First) FRANK HARRISON b. (Middle) PETERSON. c. (Last)		4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1956					
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH May 27, 1887		9. AGE (In years Last birthday) 67		10. IF UNDER 1 YEAR Months 67 Days 68			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanist retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad. Mo. Pacific		11. BIRTHPLACE (City and State or Foreign Country) Parson, Kansas			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Gilbert Peterson		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE wife - unknown Audrie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 702-14-723			
17. INFORMANT'S SIGNATURE OR NAME Mrs. F. Peterson		ADDRESS Poplar Bluff, 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) Pulmonary edema ANTECEDENT CAUSES DUE TO (b) acute aneurysm DUE TO (c) Chronic cholecystitis & cholelithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 584x				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 5/1/56		19b. MAJOR FINDINGS OF OPERATION Chronic Cholecystitis & Cholelithiasis					
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)		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 4-18-56 , 19___, to 5-9-56 , 19___, that I last saw the deceased alive on 4-9-56 , 19___, and that death occurred at 3:15p m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward J. Jordan M.D.		23b. ADDRESS Memorial Pacific Hosp		23c. DATE SIGNED 5/10/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-10-56		24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens			
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.			
DATE REC'D BY LOCAL REG. MAY 10 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

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

MAY 28 1933

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 *John A. Deane*

Licensed Embalmer No. *9*

P. O. Address *So. Louisiana*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.