

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1963**

FILED FEB 13 1957

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Macon		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: 208 Pearl Street				e. STREET ADDRESS (If rural, give location) 208 Pearl Street					
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) E.		c. (Last) Peterson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1957		
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/17/1879		9. AGE (In years last birthday) 77 MONTHS 1 DAYS 14 IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Minister				10b. KIND OF BUSINESS OR INDUSTRY Minister		11. BIRTHPLACE (City and State or Foreign Country) D Lawrence County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alexander Peterson			13b. MOTHER'S MAIDEN NAME Mary Frances Holland			14. NAME OF HUSBAND OR WIFE Nell Smith Peterson			
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 ADDRESS Mrs. Nell Peterson, Macon, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))								INTERVAL BETWEEN ONSET AND DEATH	
<p>MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i></p> <p>ANTECEDENT CAUSES DUE TO (b) <i>Arteriosclerosis</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>								<p><i>120k</i></p>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 2 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) 4201				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			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 Jan 14 , 1957, to Jan 21 , 1957, that I last saw the deceased alive on Jan 19 , 1957, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Howard Miller MD</i>					23b. ADDRESS Macon		23c. DATE SIGNED 1/21/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/1957		24c. NAME OF CEMETERY OR CREMATORY Oakwood		24d. LOCATION (City, town, or county) (State) Macon, Missouri			
DATE REC'D BY LOCAL REG. 1/30/57			REGISTRAR'S SIGNATURE <i>Ruth M. Neely</i>			FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lester Bram Macon, Mo.			

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

County File No.
Date Filed 8. 7. 57

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..... *R. Lester Bram*

Licensed Embalmer No. 44

P. O. Address..... *Mass.*

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.