Health, Welfare Public Service

300 1-56

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3709

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes ✓ No ☐	c. CITY OR TOWN Clinton 0422 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) University Medical Center — Length of stay in 1b 43 Days	d. STREET ADDRESS (If outside, give location) 316 North Water — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Lloyd Middle: Last: Peterson

4. DATE OF DEATH Month Day Year: February 11, 57

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: May 1, 1913

9. AGE (In years last birthday): 43 — 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (City and state or country): South Dakota /

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

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

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 Address: Mrs. Margaret Peterson, Clinton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) uremia — INTERVAL BETWEEN ONSET AND DEATH: 43 days +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) malignant hypertension — 43 days +

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 445X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-29-56, to 2-11-57 and last saw ~~her~~ him alive on 2-10-57

Death occurred at 5:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. A. Moranville, II M. D.

22b. ADDRESS: University Hospital

22c. DATE SIGNED: 2-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Feb. 12, 1957

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): DeSmet, South Dakota

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.: Feb. 12 1957

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

31-0

MAR 5 1957

FEB 20 1957

APR 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 50

P. O. Address Columbia...,

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.