

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5764

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY City	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) DOA	c. CITY OR TOWN St. Louis ²¹⁹ / ₀
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Memorial Hospital		STREET ADDRESS (If rural, give location) 4112 McRee	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) CAROLL c. (Last) PETERSON			4. DATE OF DEATH March 2, 1957 (Month) (Day) (Year)		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1905	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman	10b. KIND OF BUSINESS OR INDUSTRY Tobacco Manufacture	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Frank C. Peterson	13b. MOTHER'S MAIDEN NAME Josephine Driscoll	14. NAME OF HUSBAND OR WIFE Gladys Peterson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Gladys Peterson	ADDRESS 4112 McRee, St. Louis, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe head injuries		INTERVAL BETWEEN ONSET AND DEATH 30 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Possible basal skull fr		
	DUE TO (c) Automobile accident		
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 63	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 081 (STATE) MO
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21d. TIME OF INJURY 3-2-57 6:50p (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Disturbed Automobile
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22. I hereby certify that I attended the deceased from March 3-3, 1957, to _____, 19____, that I last saw the deceased March 3-3, 1957, and that death occurred at 6:45p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. L. Hull, Coroner	23b. ADDRESS Rolla, MO	23c. DATE SIGNED 3/3/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-4-1957	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. Mar. 3, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Carl D. Slamm	ADDRESS 1100 Elm, Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

380

RECEIVED
Phelps County Health Officer,
County File Number 660
Date Filed Mar 5 '57

~~Date Filed~~
~~County File Number~~
~~Phelps County Health Officer~~
RECEIVED

MAR 12 1957

MAR 20 1957

MAR 9 1957

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 Ma, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Carl J. Glenn
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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.