

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14262

STATE FILE NUMBER

FILED MAY 15 1957

Registration District No.

290

Primary Registration District No.

5983

Registrar's No.

59

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <b>Waynesville, Mo Rt # 1</b>		c. CITY OR TOWN <b>Crocker, Mo 0850</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Rt. # 1.</b>	
Length of stay in lb <b>Approx 2 Wks</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Jackie</b> Middle <b>Lee</b> Last <b>Peterson.</b>			4. DATE OF DEATH <b>Approx Month Day Year April 15, 1957</b>		
5. SEX <b>Male</b> <input type="radio"/>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 11, 1930</b>	9. AGE (In years last birthday) <b>26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>		11. BIRTHPLACE (City and state or country) <b>Crocker, Mo Rural Rt.</b>	

12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					
13. FATHER'S NAME <b>John J. Peterson.</b>			14. MOTHER'S MAIDEN NAME <b>Mary Lucenda Howard.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes.</b>		16. SOCIAL SECURITY NO. <b>492-30-6637</b>		17. INFORMANT <b>John Peterson Crocker, Mo Rural Rt</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxiation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 Min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carbon Monoxide poisoning</b>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **5/2/57** to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **Unknown** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>R.H. Hedges</b> County Coroner. <b>3</b>	22b. ADDRESS <b>Richland, Missouri</b>	22c. DATE SIGNED <b>5/4/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/4/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Swedeborg, Mo Rural Rt.</b>
24. FUNERAL HOME ADDRESS <b>Hedges Funeral Home Crocker, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-4-57</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

300  
1-56 3

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

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RECEIVED 5-11-57  
Pulaski County Health Officer  
File Number 59  
Date Filed 5-4-57

MAY 15 1957

MAY 19 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 ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Clarence Thross*

Licensed Embalmer No. 4896

P. O. Address *Waynesville*

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.