

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2378

STATE FILE NUMBER

FILED JAN 22 1958

Registration District No. 290 Primary Registration District No. 4430 Registrar's No. 10

Health,  
Welfare  
Public  
Service

300  
1-56

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

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>Crocker</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Crocker</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Maudie</b> Middle <b>Willie</b> Last <b>Peterson</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>12</b> Year <b>1958</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 7, 1898</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>59</b> Days <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Iberia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Martin A. Jones</b>				14. MOTHER'S MAIDEN NAME <b>Lila Aust</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-22-4245</b>		17. INFORMANT <b>C.H. Peterson</b>		Address <b>Crocker, Mo.</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>PRIMARY CARCINOMA OF UTERUS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Metastasis To Intestines, Liver</b> DUE TO (c) <b>AND bladder.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>174X</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS</b> <b>6 MO</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.) <b>✓</b>				
20c. TIME OF INJURY Hour <b>✓</b> Month, Day, Year							
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.) <b>✓</b>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>1956, Jan.</b> to <b>Jan 12, 1958</b> and last saw <sup>her</sup> him alive on _____ Death occurred at <b>5:20 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John A. Mahalovich D.O.</b>				22b. ADDRESS <b>Crocker, Mo.</b>		22c. DATE SIGNED <b>1-14-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1/15/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>			
24. FUNERAL HOME <b>Hedges Funeral Home</b>			25. DATE RECD. BY LOCAL REG. <b>1-15-58</b>		26. REGISTRAR'S SIGNATURE <b>Gula Mae Anderson</b>		

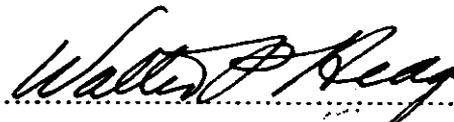
(Licensed Embolmer's Statement on Reverse Side)

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.....



Licensed Embalmer No. 426

P. O. Address Iberia, Mo

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.