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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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

58-006943
STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 54

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY: St. Francois | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: New Madrid |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Francois Twp. — Inside Limits: Yes ☐ No ☒ | c. CITY OR TOWN: Canalou 0720 — Inside Limits: Yes ☐ No ☒ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #4. — Length of stay in 1b: 3y, 8 days | d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: CLARENCE | Middle: H. | Last: PETERSON |
| 4. DATE OF DEATH | Month: Feb. | Day: 2, | Year: 1958 |

| | |
|---|---|
| 5. SEX | Male |
| 6. COLOR OR RACE | White |
| 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ | Separated |
| 8. DATE OF BIRTH | Oct. 22, 1902 |
| 9. AGE (In years last birthday) | 55 |
| IF UNDER 1 YEAR: Months / Days | 3 / 10 |
| IF UNDER 24 HRS.: Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | Farming |
| 10b. KIND OF BUSINESS OR INDUSTRY | - |
| 11. BIRTHPLACE (City and state or country) | Canalou, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 13. FATHER'S NAME | Lee Roy Peterson |
| 14. MOTHER'S MAIDEN NAME | Delia Yates |
| 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 / Address | Records, State Hospital #4, Farmington, Mo. |

## MEDICAL CERTIFICATION

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

| | | Interval between onset and death |
|---|---|---|
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Coronary Occlusion | instantaneous. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Luetic aortitis | Abt. 5 yrs. |
| DUE TO (c) | C. N. S. Syphilis | Abt. 15 yrs. |

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

Psychosis with syphilitic meningo encephalitis. 023 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Dec. 20, 1954, to Feb. 2, 1958 and last saw him alive on Feb. 2, 1958
Death occurred at 4:30 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John A. Brennan, M.D.
22b. ADDRESS: State Hospital No. 4, Farmington, Mo.
22c. DATE SIGNED: 2-2-58

| | |
|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | Burial |
| 23b. DATE | Feb. 6, 1958 |
| 23c. NAME OF CEMETERY OR CREMATORY | Sikeston City Cemetery |
| 23d. LOCATION (City, town, or county) (State) | Sikeston, Missouri |
| 24. FUNERAL DIRECTOR / ADDRESS | Welch Funeral Home, Sikeston, Mo. |
| 25. DATE RECD. BY LOCAL REG. | Feb. 2, 1958 |
| 26. REGISTRAR'S SIGNATURE | Esther Rudloff |

(Licensed Embalmer'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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.