

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021508
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 219

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| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stanberry</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Stanberry</u> 0388 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1st & Center</u> Length of stay in 1b <u>10 yrs</u> | | d. STREET ADDRESS (If outside city location) <u>1st and Center</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print). First <u>Martha</u> Middle <u>Katherine</u> Last <u>Peterson</u> | | | 4. DATE OF DEATH Month/Day/Year <u>6/13-1958</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-27-1889</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House</u> | 11. BIRTHPLACE (City and state or country) <u>Madaway, Mo.</u> |
| 13a. FATHER'S NAME <u>John Wonderly</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret King</u> | 16. NAME OF HUSBAND OR WIFE <u>(Deceased)</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT <u>Mr. Bert DeLumples</u> Address <u>Stanberry, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u> DUE TO (b) <u>unknown.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>443X</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 _____ a.m. _____ p.m. 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>May 17, 1954</u> to <u>6-13-58</u> and last saw him alive on <u>5-29-58</u> Death occurred at <u>@ 7:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Clair R. Carlin M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Stanberry, Mo</u> | 22c. DATE SIGNED <u>6-13-58</u> |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) | 23b. DATE <u>6-15-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hopkridge</u> | 23d. LOCATION (City, town, or county) (State) <u>Stanberry MO</u> |
| 24. FUNERAL HOME OR ADDRESS <u>Phillips Mortuary, Stanberry</u> | 25. DATE RECD. BY LOCAL REG. <u>6-16-58</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 16 1959

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

Student
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 4868
P. O. Address Albany, N.Y.

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.