

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027874

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED 53612-EP JUL 21 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Marshall Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Marshall <u>0972</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Fitzgibbon Hosp. 24 hrs.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 460 S. Miami	

3. NAME OF DECEASED (Type or print) Vicki Jean Peterman <i>First Middle Last</i>			4. DATE OF DEATH July 16, 1958 <i>Month Day Year</i>		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1958		9. AGE (In years last birthday) -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) Marshall Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Freddie Peterman			14. MOTHER'S MAIDEN NAME Wanda Alkire		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT Freddie Peterman 460 S Miami st. <i>Address Marshall</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxemia.		INTERVAL BETWEEN ONSET AND DEATH 50 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) 7620		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 8:30 Month, Day, Year 7/15 a. m. A 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 Marshall Mo.
21. I attended the deceased from 7/15 to 7/16 and last saw ^{her} him alive on 7/16 . Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Et Kingshell MD (Degree or title)	22b. ADDRESS Marshall Mo.	22c. DATE SIGNED 7/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Fairview, Cemetery	23d. LOCATION (City, town, or county) (State) Sweet Springs, Missouri
24. FUNERAL DIRECTOR Mulleney - River Funeral Home	ADDRESS Marshall	25. DATE RECD. BY LOCAL REG. 7-17-58	26. REGISTRAR'S SIGNATURE Cecil G. Reed

(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

300
1-56

53612-EP

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

This child was not embalmed by arterial injection
Signed..... *Jack W. Kiser*

Licensed Embalmer No. *467*
P. O. Address *Marshall*

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.