

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028463  
STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 430

300  
1-57  
0

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Ill.</b> b. COUNTY <b>Alexander</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>8120 Cairo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Mo. Hosp.</b>		Length of stay in lb <b>2 days</b>	d. STREET ADDRESS (If outside, give location) <b>228 15th St.</b>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle _____ Last <b>Peterson</b>			4. DATE OF DEATH Month <b>August</b> Day <b>9</b> Year <b>1958</b>
5. SEX <b>Male</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>Jan. 28, 1900</b>
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Food</b>	11. BIRTHPLACE (City and state or country) <b>Buncombe, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Natham Peterson</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Pearce</b>		14. NAME OF HUSBAND OR WIFE <b>Ouida Peterson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes Peacetime</b>		16. SOCIAL SECURITY NO. <b>332-12-5544</b>	17. INFORMANT Address <b>X Ouida Peterson</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>Congestive heart failure</b> DUE TO (b) <b>Circulatory collapse</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Thoracoplasty - old tuberculosis, pulmonary</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4341A</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 <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 <b>May 1958</b> to <b>Aug. 9, 1958</b> and last saw him alive on <b>Aug. 9, 1958</b> Death occurred at <b>1:55 P</b> m or the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Jordan M. Munnelly M.D.</b>		22b. ADDRESS <b>Cape Girardeau, Mo.</b>	
22c. DATE SIGNED <b>8-9-58</b>		22d. PLACE SIGNED <b>Illinois</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>August 12, 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Zion</b>	23d. LOCATION (City, town, or county) (State) <b>Buncombe Illinois</b>
24. FUNERAL DIRECTOR ADDRESS <b>Brinkopf Howell, Cape Gir Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 15, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Homer Cooper</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 25 1958

SEP 4 1958

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 *W. H. Ester* .....

Licensed Embalmer No. *3528* .....

P. O. Address *Rape Hill* .....

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.