

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005322

STATE FILE NUMBER

MAR 16 1959

Registration District No. 137 Primary Registration District No. Registrar's No. 59

300
-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor 0420	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 103 Poplar Drive		d. STREET ADDRESS (If outside, give location) 103 Poplar Drive	
3. NAME OF DECEASED (Type or print) First Middle Last Lucy Evelyn Peterson		4. DATE OF DEATH Month Day Year Feb. 20 1959	
5. SEX Fe.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-28-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 68 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Coldwater, ONT. Canada		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Roby		13b. MOTHER'S MAIDEN NAME Alice Collie	
14. NAME OF HUSBAND OR WIFE Andrew C. Peterson		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.		17. INFORMANT Address A.C. Peterson Windsor, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) Coronary Artery Disease 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)			INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Feb 20 59 to Feb 20 59 and last saw her alive on Feb 20 59 Death occurred at 9:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clarence Shurber MD		22b. ADDRESS Windsor Mo.	
22c. DATE SIGNED 3/6/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 2-22-1959		23c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
23d. LOCATION (City, town, or county) Windsor		STATE Mo.	
24. FUNERAL DIRECTOR Ellis Huston		ADDRESS Windsor, Mo	
25. DATE RECD. BY LOCAL REG. 3-9-59		26. REGISTRAR'S SIGNATURE Mildred Bigum	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clifford Gouge*

Licensed Embalmer No. *5014*
P. O. Address *Windsor, Mo*

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.