

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010645

STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 100

S. 300
1-57 2

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Crocker		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 4		Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Cecil Hamed Peterson			4. DATE OF DEATH Month Day Year March 8 1959		
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 4, 1921		9. AGE (In years last birthday) 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Lineman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Richland, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Alfred Lynn Peterson		13b. MOTHER'S MAIDEN NAME Lula Ellen Miller		14. NAME OF HUSBAND OR WIFE Ruth Rustin Peterson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Navy W. W. II		16. SOCIAL SECURITY NO. 489-16-1722		17. INFORMANT Address Records State Hospital # 4-Farmington, 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) <u>Maniacal Excitation</u> DUE TO (b) <u>Chronic Brain Syndrome - Chronic Alcoholism with Psychotic reaction</u> DUE TO (c) <u>Chronic Alcoholism</u> 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 <u>24 hrs.</u> <u>6 wks.</u> <u>3 years</u>
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.) none			
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.) none		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>3-4-59</u> to <u>3-8-59</u> and last saw ^{her} him alive on <u>3-8-59</u> Death occurred at <u>State Hospital # 4</u> <u>8P</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Cecil Hamed Peterson M.D.</u>			22b. ADDRESS <u>Farmington, Mo</u>		22c. DATE SIGNED <u>3/8/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-8-59	23c. NAME OF CEMETERY OR CREMATORY Bethlehem, Cemetery		23d. LOCATION (City, town, or county) (State) Swedeborg, Missouri
24. FUNERAL DIRECTOR Hedges Funeral Home, Crocker, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 9, 1959		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

MAR 23 1959

OCT 23 1959

MAR 18 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clarence E. Moss*

- - Licensed Embalmer No. *4896*
P. O. Address *Wynessville, Md*

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.