

FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 27 1960

=60-002478

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 10

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Plata</u>		Length of stay in 1b <u>30 Yrs</u>		c. CITY OR TOWN <u>La Plata</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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) <u>ROYAL LUYERNE PETERSON</u>				4. DATE OF DEATH <u>Jan 18, 1960</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 2, 1909</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sta. Ch. F.A.A.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Elma, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Carl Peterson</u>			13b. MOTHER'S MAIDEN NAME <u>Celia Hagestad</u>			14. NAME OF HUSBAND OR WIFE <u>Rosalie Peterson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1927-1931</u>			16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs Rosalie Peterson, La Plata, 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>Massive Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart disease</u>						<u>5 years</u>		
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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>Aug 18, 1959</u> to <u>Jan 18, 1960</u> and last saw ^{her} him alive on <u>Jan 16, 1960</u> Death occurred at <u>12:05 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Ralph W. Gillet, DO</u>				22b. ADDRESS <u>La Plata, Mo</u>		22c. DATE SIGNED <u>1-19-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
<u>Burial</u>	<u>Jan 20, 1960</u>	<u>La Plata Cemetery</u>		<u>La Plata, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Funeral Home, La Plata, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1/20/60</u>	26. REGISTRAR'S SIGNATURE <u>Arthur Mueely</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. H701

P. O. Address La Plata

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.