

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034309

FILED VS OCT 11 1960

STATE FILE NUMBER

INDEXED

Registration District No. 101 Primary Registration District No. 5895 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brown</u>	Length of stay in 1b <u>43 yrs</u>	c. CITY OR TOWN <u>Ava</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 5,</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Alma C.</u> Middle <u>Peterson</u> Last <u></u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>29,</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-7-77</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Stockholm, Sweden</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Nels Yohan Wik</u>		13b. MOTHER'S MAIDEN NAME <u>Clara -63-</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Peterson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Elmer Peterson, R. 5, Ava, Missouri</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>Acute Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wks.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Arteriosclerosis</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) <u>Chronic Myocarditis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 <u></u> s.m. <u></u> p.m. <u></u>	Month, Day, Year <u>3-15-1950</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u>	STATE <u></u>
21. I attended the deceased from <u>3-15-1950</u> to <u>9-29-60</u> and last saw her <u>alive</u> on <u>9-29-60</u> . Death occurred at <u>3 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>M. C. Gentry</u>		22b. ADDRESS <u>Ava Mo</u>		22c. DATE SIGNED <u>9-30-60</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-2-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dobbs</u>	23d. LOCATION (City, town, or county) <u>Ava, Missouri</u>	

24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home, Ava, Mo.</u>	ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 3-60</u>	26. REGISTRAR'S SIGNATURE <u>Uestel Bushman</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4660

P. O. Address Over 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.