

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040546

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Primary Registration District No. 5322 Registrar's No. 22-1961

STATE FILE NUMBER

AMENDED

Registration District No. 86
FILED DEC 13 1961

DATE AMENDED

12/21/61

INSTEAD OF

June 6, 1900

DOCUMENT

ITEM NO. SHOULD READ

8 July 6, 1900 BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba</u>		Length of stay in lb <u>10 yrs</u>	c. CITY OR TOWN <u>Cuba</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 <u>At Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>W. W. # 2</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Henry</u> Last <u>Petering</u>			4. DATE OF DEATH Month <u>12</u> Day <u>11</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>6-6-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tales Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing Industry</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
10c. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wm H. Petering</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Watkins</u>	13c. NAME OF HUSBAND OR WIFE <u>Therence Lee Sewing</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WWI</u>		17. INFORMANT <u>Dr. W. W. # 2</u> <u>Therence Petering</u> <u>Cuba, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>10 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ch. Bronchial Asthma</u>			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Sept 1958</u> to <u>Dec 1961</u> and last saw her/him alive on <u>11-1-61</u> Death occurred at <u>12:00 Noon</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank A. Elders MD</u>		22b. ADDRESS <u>Cuba, Mo.</u>	22c. DATE SIGNED <u>12-11-61</u>
23a. BURIAL, CREMATION, or MOVEMENT (Specify) <u>Burial</u>	23b. DATE <u>12-14-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Bur.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Frank A. Elders</u> ADDRESS <u>Cuba, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-12-1961</u>	26. REGISTRAR'S SIGNATURE <u>Frank A. Elders</u>

DEC 18 1961

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 *[Handwritten Signature]*
Licensed Embalmer No. 3477

P. O. Address Cuba, 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.