

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002500

AMENDED

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 12

STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington Twp.</u>		Length of stay in 1b <u>74</u> years	c. CITY OR TOWN <u>Lexington Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>4 miles west Lexington on old 24 highway</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 miles west Lexington old 24</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>DANIEL</u> Middle <u>HEPBLOM</u> Last <u>PETERSON</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>6</u> Year <u>1962</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>10/5/1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal employee</u>	11. BIRTHPLACE (City and state or country) <u>Camden, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew H. Peterson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Huffman</u>		14. NAME OF HUSBAND OR WIFE <u>Ruey E. Stephenson</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>Mrs. Ruey E. Peterson Rural Lexington, 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) Acute Coronary thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }  
DUE TO (b) Hypertension  
DUE TO (c) Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH  
4 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Anemia (secondary)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  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 <u>Lexington, Missouri</u>	COUNTY _____ STATE _____
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21. I attended the deceased from 1957 to 2,6,62 and last saw her/him alive on 2,4,62  
Death occurred at 8:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>	22b. ADDRESS <u>Lexington, Mo.</u>	22c. DATE SIGNED <u>2,9,62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/8/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Machepelah Cemetery</u>	23d. LOCATION (City, town, or county) <u>Lexington, Missouri</u>
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24. FUNERAL DIRECTOR <u>J. C. Sheppard</u>	ADDRESS <u>Wellington, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>2-9-1962</u>	26. REGISTRAR'S SIGNATURE <u>M. E. Pastalor</u>
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DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jr. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.