MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037492
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 321

FILED OCT 22 1962

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair
c. CITY OR TOWN Kirksville
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1205 E. Randolph
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle H. Last Peterson,

4. DATE OF DEATH Month Oct. Day 13, Year 1962

5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12/12/74
9. AGE (last birthday) 87
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and state or country) Greentop, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Gustav M. Peterson
13b. MOTHER'S MAIDEN NAME Olena Sophia Swanson
14. NAME OF HUSBAND OR WIFE Maude Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address 1204 E. Ran
Cecil A. Peterson, Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive circulatory failure — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — unknown
AND
DUE TO (c) Arteriosclerotic gangrene of L. leg — 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Anemia - Amputation L. thigh - Intraventricular conduction defect
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-10-62, to 10-13-62 and last saw ~~him~~ him alive on 10-13-62
Death occurred at 7:55 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O.
22b. ADDRESS Kirksville. Mo
22c. DATE SIGNED 10.15.62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/15/62
23c. NAME OF CEMETERY OR CREMATORY New Harmony Cemetery
23d. LOCATION (City, town, or county) (State) Greentop, Mo.

24. FUNERAL DIRECTOR Davis & Davis-Kirksville, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG. 10-18-62
26. REGISTRAR'S SIGNATURE Doris W. Pattiff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0017		
2	0017		
3			
4	0		
5	2		
6			
7	0		
8	2		
9	4200		
10			
11			
12	3-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

No permit issued

EARL LAUGHLIN, JR. D.O.

NOV 7 1962

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.