

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041245

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 207

FILED OCT 20 1962

1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Marshall

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Saline

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Marshall

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Fitzgibbon hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

431 East Arrow

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Robert

Middle

Fredrick

Last

Peuster

4. DATE
OF
DEATH

Month

October 20th

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-29-1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Slater Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

August A. Peuster

13b. MOTHER'S MAIDEN NAME

Louise Mette

14. NAME OF HUSBAND OR WIFE

Emilie Kruger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

699 North Barton
Martin Peuster, Marshall Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bleeding and Perforated Peptic Ulcer

INTERVAL BETWEEN
ONSET AND DEATH

4 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pancreatic T. Tis

DUE TO (c)

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

Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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. 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 1958 to OCT 1962 and last saw him alive on 10-19-62Death occurred at 2-25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-22-1962

23c. NAME OF CEMETERY OR CREMATORY

Arrow Rock cemetery

23d. LOCATION (City, town, or county)

Arrow Rock, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Campbell-Lewis, Marshall Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 22-62

26. REGISTRAR'S SIGNATURE

Cecil A. Head

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.