

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041978

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 20 County Wyaconda District No. 4126 Registrar's No. \_\_\_\_\_

FILED DEC 2 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Clare</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Clare</u> b. COUNTY <u>Mo</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wyaconda Mo</u>		c. CITY OR TOWN <u>Wyaconda Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wyaconda Mo</u>		d. STREET ADDRESS (If outside, give location) <u>Wyaconda Mo</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ola Peterson</u>		4. DATE OF DEATH Month Day Year <u>Nov 26 1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Jan 4 1900 62</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Knox City Mo</u>	
10a. FATHER'S NAME <u>Norman Dodson</u>		10b. MOTHER'S MAIDEN NAME <u>Ethel Strange</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. NAME OF HUSBAND OR WIFE <u>Calvin Peterson</u>		14. ADDRESS <u>35 Calvin Peterson</u>	
15. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer metastatic C of Breast &amp; ovary</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		16. INTERVAL BETWEEN ONSET AND DEATH	
17. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		18. 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 type="checkbox"/> NO <input 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 COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William Harper MD</u>		22b. ADDRESS <u>1102 - Main Keokuk</u>	
22c. DATE SIGNED <u>11/29/62</u>		22d. STATE <u>Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Wyaconda Mo</u>	23b. DATE <u>Nov 28 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda Mo</u>	23d. LOCATION (City, town, or county) <u>Wyaconda Mo</u>
24. FUNERAL DIRECTOR <u>Smith &amp; Brackett Wyaconda</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 28 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Harold W. ...</u>		27. ADDRESS <u>Wyaconda Mo</u>	

(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 Me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Fred Smith \_\_\_\_\_

Licensed Embalmer No. 1029

P. O. Address Wynconda 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.