

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018077

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4711 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 9 1963**

1. PLACE OF DEATH  
a. COUNTY Missouri  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Pulaskia  
c. CITY OR TOWN Crocker Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Ninnie (Nina) Mae Peterson 4. DATE OF DEATH Month Day Year April 29, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/26/1880 9. AGE (last birthday) 82 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Crocker, Missouri. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James R. Smith 13b. MOTHER'S MAIDEN NAME Zula Overby 14. NAME OF HUSBAND OR WIFE Thomas M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil. 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lena Lutrell, 2413 High School, Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Infermiarities of Old Age Brentwood, Mo. INTERVAL BETWEEN ONSET AND DEATH 5 yrs  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b). 794.X  
DUE TO (c).  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
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 s.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 Jan 1963 to 29 April 63 and last saw her alive on 29 April 1963  
Death occurred at 12:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Brown MD 22b. ADDRESS Brentwood Mo 22c. DATE SIGNED 4-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-1-63 23c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery 23d. LOCATION (City, town, or county) (State) Crocker, Missouri.

24. FUNERAL DIRECTOR ADDRESS Moss-Williams Funeral Home, Crocker, Mo. 25. DATE RECD. BY LOCAL REG. APR 30 1963 26. REGISTRARS SIGNATURE Earl Smith, M.D.

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MAY 13 1963

**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 Clarence E. Moss

Licensed Embalmer, No. 4896

P. O. Address Waynesville, 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.