

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3877

FILED MAR 3 1952

State File No.

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4007 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MO</u> b. COUNTY <u>Andrew</u>		
b. CITY OR TOWN <u>Amazonia</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amazonia</u> <u>00 20</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALICE-PETERSON</u>			d. STREET ADDRESS (If rural, give location) <u>"</u>		
3. NAME OF DECEASED (Type or Print) <u>ALICE</u>		a. (First)	b. (Middle) <u>PETERSON</u>		c. (Last)
4. DATE OF DEATH		(Month)	(Day)	(Year)	
<u>2</u>		<u>11</u>	<u>1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/22/1871</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Bunch</u>		13b. MOTHER'S MAIDEN NAME <u>Dellena Parker</u>		14. NAME OF HUSBAND OR WIFE <u>William Peterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nelson Peterson Jr.</u>		ADDRESS <u>St Joseph</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bilateral lobes</u>				<u>17 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	DUE TO (b) <u>Arterio-sclerosis Gen</u>			<u>5 yrs.</u>	
	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
				<u>490X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-31, 1952</u> , to <u>2-9, 1952</u> that I last saw the deceased alive on <u>2-9, 1952</u> and that death occurred at <u>2:45 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Walter B. Kelley MD</u>		23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>2-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 14 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amazonia Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Amazonia Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-25-52</u>	REGISTRAR'S SIGNATURE <u>Lillian Parker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stoney Funeral Home - St Joseph</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.