

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4534**

FILED MAR 5 1952

BIRTH NO. --- REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>-</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2179</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3616 Park Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>LUCILLE</u> c. (Last) <u>PETERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1952</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 15, 1930</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>21</u> Months <u>12</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	
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10. USUAL OCCUPATION (Give kind of work done during part of working life) (If retired) <u>Machine Oper.</u>			11. BIRTHPLACE (State or foreign country) <u>Crocker, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Mark M. Milham</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Hedrick</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. Cox</u>		ADDRESS <u>St. Louis Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto Accident - Fractured Neck</u>							
ANTECEDENT CAUSES		DUE TO (b) <u>CAR she was in stopped AT STOP SIGN - AND WAS STRUCK IN REAR by TRAILER TRUCK - DRIVEN by WILBER STAPLES</u>					
DUE TO (c) <u>-</u>							
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 <u>E8161-26</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pacific, Franklin Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 26, 1952 10:40p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck AT stop Si.</u>	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:45PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Phos. P. Shoffy</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>2/27/52</u>	
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24b. DATE <u>3-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 27, 1952</u>		REGISTRAR'S SIGNATURE <u>H. P. Hudmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u>		ADDRESS <u>Home</u>	
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(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 _____

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *Geo. L. Thebes*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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.