V.S. No. 300
Rev. 10.48

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15910

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5291 Registrar's No. 49

0240
1

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Rural
c. LENGTH OF STAY (in this place): 6 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arthur Clutter Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty 0241
d. STREET ADDRESS (If rural, give location): 200 W. Mill St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): Andrew
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): May 27 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct. 29-1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 6, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vendo Machine Maintenence Man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden 4
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Jonce Peterson
13b. MOTHER'S MAIDEN NAME: Katrinia (unknown)
14. NAME OF HUSBAND OR WIFE: Ellen J. Peterson

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.: 486-09-3666
17. INFORMANT'S SIGNATURE OR NAME: Ellen J. Peterson — ADDRESS: Liberty, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Status Asthmaticus — 30 days.
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: 241X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. *, 19*48*, to* May 27*, 19*52*, that I last saw the deceased alive on* May 27*, 19*52*, and that death occurred at* 3:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn W. Hendren O. MD
23b. ADDRESS: Liberty Mo
23c. DATE SIGNED: 5/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: May 29-52
24c. NAME OF CEMETERY OR CREMATORY: White Chapel
24d. LOCATION (City, town, or county) (State): Clay Co. Mo.

DATE REC'D BY LOCAL REG.: May-29-1952
REGISTRAR'S SIGNATURE: Minnie Haynes 64
25. FUNERAL DIRECTOR'S SIGNATURE: Church-Archer Co. — ADDRESS: Liberty Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1956

AUG 11 1955

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 John Lindberg

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.