

## STANDARD CERTIFICATE OF DEATH

State File No. **2064**

BIRTH NO. FILED FEB 5 1951 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Leveering Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>814 Hill St</b>	
3. NAME OF DECEASED (Type or Print) <b>Lucy Peterson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-13-54</b>	
5. SEX <b>Female</b>		6. COLOR OF RACE <b>Negro</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Dec. 2-1871</b>	
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>New London, Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Joseph Todd</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>James Peterson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>James Peterson, 814 Hill St</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Gangrene right foot</b> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		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 <b>1-20-53</b> , 19___, to <b>1-13-54</b> , 19___, that I last saw the deceased alive on <b>1-13-54</b> , and that death occurred at <b>4-0</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>J. L. Drum</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>	
23c. DATE SIGNED <b>1-18-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>Jan. 16-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	
24d. LOCATION (City, town, or county) (State) <b>New London, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Roberts</b> ADDRESS <b>Hannibal Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-28-54</b>		REGISTRAR'S SIGNATURE <b>W. E. Roberts</b>	

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

RECEIVED

~~FEB 3~~ 1934

MARION CO. HEALTH DEPT.

DATE FILED ~~FEB 2~~ 1934

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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.