

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 593

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301 Registrar's No. 9

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| 1. PLACE OF DEATH a. COUNTY <u>Clinton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Shoal</u> | | c. CITY OR TOWN <u>Cameron</u> | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>6 yrs.</u> | | e. STREET ADDRESS (If rural, give location) <u>Rural-6 miles South East. 0250</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6 miles South East Cameron</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>George</u> c. (Last) <u>Peterson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 55</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>April 20 1889</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Truck</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron, Clinton MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |

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| 13a. FATHER'S NAME <u>Henry Peterson</u> | 13b. MOTHER'S MAIDEN NAME <u>Eda. Dassel</u> | 14. NAME OF HUSBAND OR WIFE <u>L</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u> | 16. SOCIAL SECURITY NO. <u>491-22-7957</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Peterson</u> ADDRESS <u>Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 1946, 1946, to Feb 2, 1955, that I last saw the deceased alive on Feb 2, 1955 and that death occurred at 2 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Ed. Kimes MD</u> (Degree or title) | 23b. ADDRESS <u>Cameron Mo</u> | 23c. DATE SIGNED <u>2-5-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u> | 24d. LOCATION (City, town, or county) (State) <u>CAMERON MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-8-55</u> | REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> | 3906 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert F. Palmer</u> ADDRESS <u>Cameron Mo</u> |
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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.....
Signature of Student Embalmer

Signed *Robert F Poland*.....

Licensed Embalmer No. *4771*.....
229 West 3rd St.....
P. O. Address *Camden*.....

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.