No. 300
10.48

FILED JUN 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21025
State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Louise Wallace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Richland
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural (7 Mi. N/E of Richland

0.8501

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) Francis c. (Last) Peterson
4. DATE OF DEATH (Month) June (Day) 14 (Year) 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 12, 1900
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General-FARM
11. BIRTHPLACE (City and State or Foreign Country): Swedesberg, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Edward Peterson
13b. MOTHER'S MAIDEN NAME: Ana Lundstrom
14. NAME OF HUSBAND OR WIFE: Neva Peterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 498-18-1927
17. INFORMANT'S SIGNATURE OR NAME: Neva Peterson — ADDRESS: Richland, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cholecystitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cholelithiasis — Unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 584X

19a. DATE OF OPERATION: 6/9/56
19b. MAJOR FINDINGS OF OPERATION: gangrenous gall bladder, gall stones
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* 6/9, 1956, *to* 6/14, 1956, *that I last saw the deceased alive on* 6/14, 1956, *and that death occurred at* 12:02 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Johnson (Degree or title) MD
23b. ADDRESS: Lebanon, Missouri
23c. DATE SIGNED: 6-15-56
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/16/56
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24d. LOCATION (City, town, or county) (State): Pulaski Missouri
DATE REC'D BY LOCAL REG.: 6-15-1956
REGISTRAR'S SIGNATURE: Ella L. Clay
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hedges Richland, Mo — Hedges Funeral Home Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Received 6-25-56

Laclede County Health Unit

File No. 108

Date Filed 6-25-56

JUN 27 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence E. Moss

Licensed Embalmer No. 439

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.