

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023056

STATE FILE NUMBER

FILED JUL 10 1958 Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 260

5. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, RR #1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bonne Terre, RR #1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence-Perry		Length of stay in 1b Twp.	d. STREET ADDRESS (If outside, give location) Bonne Terre, Mo. RR #1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Emanuel Peterson			4. DATE OF DEATH Month June Day 22 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 26, 1865
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (City and state or country) Bengtsfors, Sweden
12. CITIZEN OF WHAT COUNTRY? Usa		13a. FATHER'S NAME Mangus Peterson	13b. MOTHER'S MAIDEN NAME Anna Bryteson
14. NAME OF HUSBAND OR WIFE Ida Peterson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Edward Peterson, Bonne Terre, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
19. INTERVAL BETWEEN ONSET AND DEATH 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21: I attended the deceased from June 1957 to June 22, 1958 and last saw ^{him} alive on June 16, 1958 Death occurred at 2:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. L. Foster M.D. (Degree or title)	
22b. ADDRESS Desloge Mo		22c. DATE SIGNED 6-26-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-25-58	23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cemetery
23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo. RR # 1		24. FUNERAL DIRECTOR ADDRESS Sparks Funeral Home, Bonne Terre, Mo.	
25. DATE RECD. BY LOCAL REG. June 26, 1958		26. REGISTRAR'S SIGNATURE Ether Rudloff	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Murphy Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flint River 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.