

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002019
STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 182 Primary Registration District No. 42-26 Registrar's No. 4

300
-57

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Browning		c. CITY OR TOWN Browning	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Myrtle Middle May Last Peterson		4. DATE OF DEATH Month 2 Day 1 Year 59	
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME W. T. Smith		13b. MOTHER'S MAIDEN NAME Mary Jane Rentfrow	14. NAME OF HUSBAND OR WIFE L.C. Peterson
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 L.C. Peterson Address Browning, 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) Massive Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Artery DUE TO (c) Stomach Varicosis			INTERVAL BETWEEN ONSET AND DEATH 48 hours 8 months
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK	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 6/1/55 to 2/1/59 and last saw her alive on 2/1/59 Death occurred at 12:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.R. Martz (Degree or title) M.D.		22b. ADDRESS Browning Mo	22c. DATE SIGNED 1561
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-3-59	23c. NAME OF CEMETERY OR CREMATORY Henry	23d. LOCATION (City, town, or county) (State) Reger Rural Mo.
24. FUNERAL DIRECTOR Wade Funeral Home ADDRESS Browning,		25. DATE RECD. BY LOCAL REG. Feb. 11-1959	26. REGISTRAR'S SIGNATURE Mrs Bridie Kelley

MEDICAL CERTIFICATION
US ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Gerald I Wade*

Licensed Embalmer No. *4172*

P. O. Address *Brown*

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.