

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018645

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 169

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1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb 20 years	d. STREET ADDRESS (If outside, give location) 604 North Prospect Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ANTONIE (TONY) Middle FLOY Last PETERSEN			4. DATE OF DEATH Month May Day 15 Year 1959	
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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 1888 Oct. 24, 1959	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen Bldg. and agri.	11. BIRTHPLACE (City and state or country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Petersen	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Hannah Wohler Petersen
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Dorothy Dority, 506 State Fair Blvd. Sedalia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL APOPLEXY		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) HYPERTENSIVE CARDIO -	
	DUE TO (c) VASCULAR DISEASE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	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 <input type="checkbox"/> STATE <input type="checkbox"/>
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21. I attended the deceased from MAY 12-59 , to DEATH and last saw her/him alive on MAY 14, 59 Death occurred at 12:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Karl A. Tower MD	22b. ADDRESS Sedalia Mo.	22c. DATE SIGNED 15 MAY 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) & burial	23b. DATE 5/16/59	23c. NAME OF CEMETERY OR CREMATORY Thornton Cemetery	23d. LOCATION (City, town, or county) (State) Thornton, Iowa
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24. FUNERAL DIRECTOR Therese Ewing	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 5/16/1959	26. REGISTRAR'S SIGNATURE Frances Shelby
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Phane Ewing*

Licensed Embalmer No. *284*
P. O. Address *Sedalia*

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.