

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029819

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 102

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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|---|--|--|--|
| <p>FILED JUL 24 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Vernon</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Length of stay in lb <u>10yr</u></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | | <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u></p> <p>c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (if outside, give location) <u>Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | |
| <p>3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Peterman</u> Last <u>Peterman</u></p> | | <p>4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>1962</u></p> | |
| <p>5. SEX <u>male</u></p> | <p>6. COLOR OR RACE <u>white</u></p> | <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p> | <p>8. DATE OF BIRTH <u>1880</u></p> |
| <p>9. AGE (last birthday) <u>82</u></p> | | <p>IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u></p> | <p>IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u></p> |
| <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p> | | <p>10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u></p> | <p>11. BIRTHPLACE (City and state or country) <u>unknown</u></p> |
| <p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p> | | <p>13a. FATHER'S NAME <u>Henry C. Peterman</u></p> | |
| <p>13b. MOTHER'S M maiden NAME <u>Elizabeth Poindexter</u></p> | | <p>14. NAME OF HUSBAND OR WIFE <u>unknown</u></p> | |
| <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u></p> | | <p>16. SOCIAL SECURITY NO. <u>unknown</u></p> | <p>17. INFORMANT Address <u>hospital records</u></p> |
| <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> | | | |
| <p>IMMEDIATE CAUSE (a) <u>Inanition</u></p> | | <p>INTERVAL BETWEEN ONSET AND DEATH <u>months</u></p> | |
| <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatosis, generalized</u></p> | | <p><u>of abdomen</u> DUE TO (c) <u>months</u></p> | |
| <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chr. brain syndrome assoc with arteriosclerosis generalized with psychotic reaction</u></p> | | | |
| <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> | | | |
| <p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> | <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> | <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> | |
| <p>20c. TIME OF INJURY Hour <u>-</u> Month, Day, Year <u>-</u></p> | | | |
| <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> | <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> | <p>20f. CITY, TOWN, OR LOCATION</p> | <p>COUNTY STATE</p> |
| <p>21. I attended the deceased from <u>May 11, 1962</u> to <u>July 16, 1962</u> and last saw her/him alive on <u>July 16, 1962</u></p> <p>Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p> | | | |
| <p>22a. SIGNATURE (Degree or title) <u>Dr. R. L. ... M.D.</u></p> | | <p>22b. ADDRESS <u>State Hospital #3</u></p> | <p>22c. DATE SIGNED <u>7-16-62</u></p> |
| <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p> | <p>23b. DATE <u>7-19-1962</u></p> | <p>23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery,</u></p> | <p>23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u></p> |
| <p>24. FUNERAL DIRECTOR ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</u></p> | | <p>25. DATE RECD. BY LOCAL REG. <u>7-18-1962</u></p> | <p>26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u></p> |

USE BLACK INK OR TYPEWRITER RIBBON

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 A. York

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.