

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39587

199

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HETTIE</u> b. (Middle) _____ c. (Last) <u>PETERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1948</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-20-1875</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>11</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Tacoma Washington 199</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fred Hultgren</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Carlson</u>	
14. NAME OF HUSBAND OR WIFE <u>John Peterson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cowan Fitch Belton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>935</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION, ACUTE</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDITIS, CHRONIC</u> <u>MYOCARDIAL INFARCTIONS, MINOR.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>12 Hours</u>		_____ } <u>6 Mo.</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BELTON, CASS, MISSOURI</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>APRIL - 1948</u> to <u>DEC. 31, 1948</u> , that I last saw the deceased alive on <u>DEC. 31, 1948</u> , and that death occurred at <u>10:00 P. m.</u> , from the causes and on the date stated above. ()			
23a. SIGNATURE (Degree or title) <u>Herbert A. Tracy, M.D.</u>		23b. ADDRESS <u>BELTON, Missouri</u>	
23c. DATE SIGNED <u>JAN. 1, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Monett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, Mo</u>	

DATE REC'D BY LOCAL REG. 1-3-1949 REGISTRAR'S SIGNATURE Laura J. Jones 51 FUNERAL DIRECTOR'S SIGNATURE E.K. Heagy Sons ADDRESS Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1950

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.

Signed _____

Richard E. George

Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Bellon, 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 this body is not embalmed, fact should be so stated above.