

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 37507
 Registrar's No. 4909

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4909	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (If this place) 6 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton		6170	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) a. (First) Eldridge b. (Middle) Robert c. (Last) Peters			4. DATE OF DEATH Nov. 15, 1951 (Month) (Day) (Year)				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 14, 1885		9. AGE (In years last birthday) 66	F UNDER 1 YEAR Months Days	F UNDER 11 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Mail Clerk			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gashland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert R Peters		13b. MOTHER'S MAIDEN NAME Elizabeth Williams		14. NAME OF HUSBAND OR WIFE Florence Peters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. R. Peters Belton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTIONS, RECENT AND OLD ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY THROMBOSES DUE TO (c) CORONARY ARTERIOSCLEROSIS 11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. RHEUMATOID ARTHRITIS, GENERALIZED INTERVAL BETWEEN ONSET AND DEATH 5 DAYS 5 DAYS 5 YRS. 10 YRS.					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR None			
22. I hereby certify that I attended the deceased from MAY 25, 1950, to Nov. 15, 1951, that I last saw the deceased alive on Nov. 14, 1951, and that death occurred at 5:30 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Herbert A. Tracy (Degree or title) Herbert A. Tracy, M.D.				23b. ADDRESS Belton, Mo.		23c. DATE SIGNED 11/16/1951.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17, '51	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem		24d. LOCATION (City, town, or county) (State) Jackson Co., Mo.		
DATE REC'D BY LOCAL REG. 11-16-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons		ADDRESS Belton, Mo.	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard E. George

Signed.....

Student Embalmer

Licensed Embalmer No. *3958*

P. O. Address *Beeton, 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.