No. 300
10.48

FILED MAR 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44306

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5082

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 7121 Summit

3928

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): n
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 23, 1860
9. AGE (In years last birthday): 90 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Gustave Erickson
13b. MOTHER'S MAIDEN NAME: --
14. NAME OF HUSBAND OR WIFE: John Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mr. C. J. Carlson — **ADDRESS**: 7121 Summit, K. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute congestive heart failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) thrombosis and occlusion of inferior mesenteric artery with infarction of sigmoid portion of colon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic heart disease senility

INTERVAL BETWEEN ONSET AND DEATH: 5 10

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 26, 1949, *to* Nov. 25, 1951, *that I last saw the deceased alive on* Nov. 25, 1951, *and that death occurred at* 11:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl R. Ferris MD (Degree or Title) — Carl R. Ferris M.D.
23b. ADDRESS: 934 Argyle Bldg.
23c. DATE SIGNED: Feb 4 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-26-51
24c. NAME OF CEMETERY OR CREMATORY: --
24d. LOCATION (City, town, or county) (State): Indianola, Iowa

DATE REC'D BY LOCAL REG.: 11-27-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Stine & Mc Clure — Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 44306
Local Registrar's No. 5082

On this 12th day of February, 1952, before me appears Dr. Carl R. Ferris, who, upon his oath, states that the original record of ~~birth~~ death for Emma Peterson, ~~born~~ died Nov. 25, 1951, in the State of Missouri, and which was filed at Kansas City, Mo. on Nov. 27, 1951, should be corrected as follows:

Item No. 18 -1b should read Thrombosis and occlusion of inferior mesenteric artery with infarction of sigmoid portion of colon.
Instead of Arteriosclerotic heart disease.

Item No. 18-1c should read This space should be blank
Instead of Arteriosclerosis

Item No. 18 -part 2 should read {arteriosclerotic heart disease
{senility
Instead of {chronic congestive failure
{senility

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carl R. Ferris M.D. Relationship.

Present Address 924 Argyle Bldg Kansas City Mo

Subscribed and sworn to before me this 12th day of February, 1952.

My Commission expires Oct. 21. 1955 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1 V. S. 135
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