

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8520**  
**1136**

**FEB MAR 26 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANJAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANJAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>42 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>5110 FOREST AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>BESSIE</b> b. (Middle) <b>D.</b> c. (Last) <b>PETERSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 7-1952</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>FEB-14-1884</b>		9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR: Hours _____	
11. IF UNDER 1 YEAR: Days _____		11. IF UNDER 1 YEAR: Hours _____		11. IF UNDER 1 YEAR: Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>FARLINGTON, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN T. DEETS</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA COLBERT</b>	
14. NAME OF HUSBAND OR WIFE <b>WILLIAM L. PETERSON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frederick O. Breitenbach</b>		17. ADDRESS <b>5110 FOREST KANSAS CITY, MO.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Lymphosarcoma of Colon</b>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>7-10-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer mass &amp; invasion of mesentery</b>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <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 6-30-50, 1950, to 3-7-52, 1952, that I last saw the deceased alive on 3-6-52, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Kenneth E. Cox</b> (Degree or title) <b>Kenneth E. Cox M.D.</b>		23b. ADDRESS <b>320 W 47th St</b>		23c. DATE SIGNED <b>7 Mar 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MARCH 10 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.H. Newsome's Sons</b>		25. ADDRESS <b>1331 BAYSH CREEK KANSAS CITY, MO.</b>	

DATE REC'D BY LOCAL REG. <b>3-10-52</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.H. Newsome's Sons</b>	
				25. ADDRESS <b>1331 BAYSH CREEK KANSAS CITY, MO.</b>	

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

2008  
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Ms: 08 noon - 4: 30

**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 .....  
Student Embalmer

Signed Basil V Honey

Licensed Embalmer No. 4724

P. O. Address Gasland, 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.