S. No. 300
v. 10-4

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6490

FILED MAR 12 1953

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington KANSAS CITY
c. LENGTH OF STAY (In this place) 60 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 87TH STREET & BROOKLYN AVE.

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 - Rural 7000
d. STREET ADDRESS (If rural, give location) 87TH STREET & BROOKLYN AVENUE.

3. NAME OF DECEASED (Type or Print) a. (First) DR. ERNEST b. (Middle) WILLIAM c. (Last) PETERSON

4. DATE OF DEATH (Month) (Day) (Year) FEB. 28, 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JULY 6, 1871
9. AGE (In years last birthday) 81 — 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) DENTAL SURGEON
10b. KIND OF BUSINESS OR INDUSTRY DENTAL SURGEON
11. BIRTHPLACE (City and State or Foreign Country) LAFAYETTE, INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES PETERSON
13b. MOTHER'S MAIDEN NAME CATHRYN ELLERSON
14. NAME OF HUSBAND OR WIFE EDNA R. 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. NONE
17. INFORMANT'S SIGNATURE OR NAME MR. E. W. PETERSON, 7432 JARBOE, K.C., MO. ADDRESS

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 da

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — unknown
DUE TO (c) Senility 4200

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Gastric Ulcer — 6 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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* Oct 1, 1952, *to* Feb 28, 1953, *that I last saw the deceased alive on* Feb 28, 1953, *and that death occurred at* 2:12 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl H. Reitz (Degree or title) M.D.
23b. ADDRESS 404½ W. 75th KC Mo
23c. DATE SIGNED 3-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
24b. DATE MARCH 2, 1953
24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 3/3/53
REGISTRAR'S SIGNATURE Dr Annie G. Hedges 136-1
25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

1-5 Dr. Hedges office - Kirkman Mills

## 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 John B. Lewis

Licensed Embalmer No. 4875

P. O. Address KCMO.

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.