

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1953

State File No. 2586

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 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>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belton, Missouri</b> 0190	
c. LENGTH OF STAY (In this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>814 Colburn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>D</b> c. (Last) <b>Peters</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 18 53</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>7/4/90</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Nebraska</b> /		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Ebernizer Earlewine</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia Payne</b>	14. NAME OF HUSBAND OR WIFE <b>Eldridge R. Peters</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ed Leonard, Kansas City, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CARDIAC DILATATION</b>		<b>30 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MYOCARDIAL INFARCTIONS, ACUTE</b>		<b>10 days</b>
DUE TO (c) <b>CORONARY OCCLUSIONS, ACUTE</b>		<b>10 days</b>	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>(1) DIABETES MELITUS</b> <b>(2) CORONARY OCCLUSIONS + MYOCARDIAL</b>		<b>(1) 10 YRS</b> <b>(2) 3 YRS.</b>	

19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>KANSAS CITY, JACKSON, MISSOURI</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>---</b>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>NONE</b>

22. I hereby certify that I attended the deceased from **Dec 6, 1950**, to **MAY 18, 1953**, that I last saw the deceased alive on **MAY 18, 1953**, and that death occurred at **10:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert Q. Tracy, M.D.</b> (Degree or title)	23b. ADDRESS <b>BELTON, MISSOURI</b>	23c. DATE SIGNED <b>5-19-1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-21-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-20-53</b>	REGISTRAR'S SIGNATURE <b>Therese Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>K. George &amp; Sons Inc.</b>	ADDRESS <b>Belton, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Handwritten scribble*

**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. ....

Student .....  
Student Embalmer

Signed

*Sterling E. Goodard*

Licensed Embalmer No. ....

*4911*

P. O. Address

*Grandview 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.