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FILED OCT 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36188

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 48 d

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE
c. LENGTH OF STAY (In this place): 9 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): INDEPENDENCE SANITARIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 7000
c. CITY OR TOWN: BLUE SPRINGS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 45 D LAKE TAPAWINGO

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): HENRY
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 18 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 18, 1887
9. AGE (In years last birthday): 66 — 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): PART OWNER
10b. KIND OF BUSINESS OR INDUSTRY: SPORTING GOODS CO.
11. BIRTHPLACE (City and State or Foreign Country): AGRA KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES S. PETERSON
13b. MOTHER'S MAIDEN NAME: LAURA MAY KENDELL
14. NAME OF HUSBAND OR WIFE: KATHERINE 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.: 495-38-3525
17. INFORMANT'S SIGNATURE OR NAME: MRS. KATHERINE PETERSON — ADDRESS: LAKE TAPAWINGO

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 cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) hypertensive, cardio vascular renal disease — 5 yrs +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Prostatic hypertrophy c urinary obstruction 442X — 1 yr +

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* March, 19__, *to* 10-18, 1953, *that I last saw the deceased alive on* 10/17, 1953, *and that death occurred at* 7:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrell R. Bay MD
23b. ADDRESS: Blue Springs Mo
23c. DATE SIGNED: 10/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Oct. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: Oct 20, 53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: D. H. Newcomer & Sons, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Robert Ray

Licensed Embalmer No. 4

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.