

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43110**
5769

FILED DEC 23 1953

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 50 YEARS		d. STREET ADDRESS (If rural, give location) 3248 OAK STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print) CHESTER		a. (First)		b. (Middle)		c. (Last) PETERS		4. DATE OF DEATH 12-4-1953	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-9-1903		9. AGE (In years last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARTS MANAGER		10b. KIND OF BUSINESS OR INDUSTRY JERRY SMITH MOTOR COMPANY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME HENRY PETERS		13b. MOTHER'S MAIDEN NAME ELMIRA GAMMON		14. NAME OF HUSBAND OR WIFE GRACE PETERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-07-7993		17. INFORMANT'S SIGNATURE OR NAME Mrs. GRACE PETERS	
				ADDRESS 3248 OAK ST. KANSAS CITY, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		DUPLICATE					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Lower nephron nephrosis					
		DUE TO (c) Infarction of Kidney					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death Rheumatic Heart Disease				591X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Angelo Lapi (De signer or title) Autopsy		23b. ADDRESS 101 Memorial Drive		23c. DATE SIGNED 12/5/53	
24a. PORTAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE DEC 8 1953		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Newcomer			
DATE REC'D BY LOCAL REG. 12-8-53		REGISTRAR'S SIGNATURE Sheraldine Smith		ADDRESS 4321 Broadway	

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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Stellie Kessell

Licensed Embalmer No. 4690

P. O. Address K. C. 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.