

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27606**  
**3816**

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 Kansas b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City non resident.

c. CITY OR TOWN Fairway

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 700 West 47th St. AT WORK.

e. STREET ADDRESS (If rural, give location) 5346 Norwood Road 9150

3. NAME OF DECEASED  
a. (First) Arthur b. (Middle) G. c. (Last) Peterson

4. DATE OF DEATH Aug. 3, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 28, 1884

9. AGE (In years of last birthday) 69 8 2 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bldg. Supt.

10b. KIND OF BUSINESS OR INDUSTRY Herbert Davis Realty

11. BIRTHPLACE (City and State or Foreign Country) Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew Peterson

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Lillie M. Peterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 495-10-8057

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon Peterson Overland Park, Kans.

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, asthma, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Stroke + Secondary results from multiple fractures of skull  
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) multiple rib fractures + pneumonia  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Senile decay  
INTERVAL BETWEEN ONSET AND DEATH 89000 21

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) apartment Bldg

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Saunder City Johnson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-3-54 6:30

21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Fell to stairs

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Gen. Counsel for the State of Missouri

23b. ADDRESS 4050 Broadway Blvd

23c. DATE SIGNED 8-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Aug. 7, 1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Bethlehem, Nebraska

DATE REC'D BY LOCAL REG. 8-5-54

REGISTRAR'S SIGNATURE Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muehlebach Funeral Home K. C. Mo.

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 399

P. O. Address 308 E. 68th St  
N. E. 17th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.