

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1373

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Jackson 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Independence		c. LENGTH OF STAY (In this place) township)		c. CITY OR TOWN Kansas City		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 W. Lexington				STREET ADDRESS (If rural, give location) 3704 Washington 3488			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) SCHOLES c. (Last) PETERSON			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7 - 1955				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 26, 1908	9. AGE (In years last birthday) 46	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) Asst. Secretary Savings & Loan		10b. KIND OF BUSINESS OR INDUSTRY Savings & Loan		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Peterson		13b. MOTHER'S MAIDEN NAME Margaret Scholau		14. NAME OF HUSBAND OR WIFE Opal Peterson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-07-5621		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Opal Peterson (wife) 14. Mo.			
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 Angina Pectoris ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignant hypertension				INTERVAL BETWEEN ONSET AND DEATH Immediate 2 years 1953	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June 1954 to Jan 7, 1955, that I last saw the deceased alive on Dec 18, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) J. H. W. [Signature]				23b. ADDRESS 1515 Professional Bldg.		23c. DATE SIGNED 1/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 10 - 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 1-10-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE C. H. Bleichman		ADDRESS San Inc. P.O., 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bert B. Bennett*

Licensed Embalmer No...*465*..

P. O. Address *Kansas*..

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.