

No. 300
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FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5016**
855
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Kans</u> COUNTY <u>Wauver</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Laura City, Mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Paula Kans</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ole</u> b. (Middle) <u>Cyrus</u> c. (Last) <u>Peterson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-23-55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>4-14-1872</u>	9. AGE (in years last birthday) <u>82</u>	10 UNDER 1 YEAR Months _____ Days _____	10 OVER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railway agent</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kans</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Andrew Peterson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hendrickson</u>	14. NAME OF HUSBAND OR WIFE <u>unk.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lupe Reed R.C.M.D.</u>	ADDRESS <u>_____</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5410</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from duodenal ulcer</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 21, 1955, to Feb 23, 1955, that I last saw the deceased alive on Feb 22, 1955, and that death occurred at 4:55 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Justus</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>315 Nichols Rd, Kans. City, Mo</u>	23c. DATE SIGNED <u>Feb 23, '55</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <u>Feb. 25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paula</u>	24d. LOCATION (City, town, or county) (State) <u>Paula Kans</u>
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DATE REC'D BY LOCAL REG. <u>2-24-55</u>	REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Wilson & Lou Paula</u>	ADDRESS <u>Kans.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John B. Justus

FEB 7 1935

Removed to Pastor for Embalming

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

R. K. Kaus

Licensed Embalmer No. *1318 Kaus*

P. O. Address *Pastor Kaus*

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.