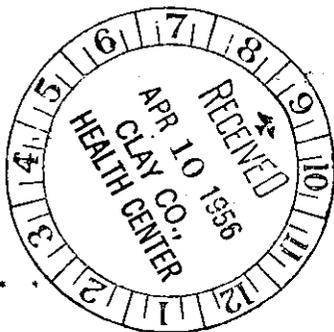


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8463

FILED APR 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Excelsior Springs</u>		c. LENGTH OF STAY (In this place) <u>229 days</u>		c. CITY OR TOWN <u>Lincoln</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>NMI</u> c. (Last) <u>JORGENSEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1956</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>3-3-87</u>	
9. AGE (In years) <u>69</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>night watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tungsten mine</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Denmark</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Jorgensen</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WW 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Official files of the Veterans Adm.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis, pulmonary, chronic far advanced active with silicosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
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) <u>VA</u> _____	
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 <u>August 16, 1955</u> , to <u>March 31, 1956</u> , that his usual residence was <u>Excelsior Springs, Mo.</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. J. Mantrell</u> (Degree or title) <u>Acting, Chief</u>				23b. ADDRESS <u>VAH, Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>4-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 7, 56</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Lincoln, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>4/13/56</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL HOME OR BURIAL PLACE SIGNATURE <u>Prichard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u>			



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 *Ralph E. Van Landingham*

Licensed Embalmer No. *40*

Galien Spring, Ill.
P. O. Address

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.