No. 300
10-48

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41669
State File No.

BIRTH NO. 10407 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5210

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): X RURAL
d. STREET ADDRESS (If rural, give location): 2 mi. S.E. KEARNEY

6000

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) WILLIAM c. (Last) PETERSON

4. DATE OF DEATH (Month) DEC (Day) 1 (Year) 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 8-24-1955
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 3 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): KANSAS CITY, MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JONN PETERSON
13b. MOTHER'S MAIDEN NAME: DONNA SUE FERRELL
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: JONN PETERSON, RURAL RT. KEARNEY, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia	24 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chemical irritant	24 hrs
DUE TO (c)	Aspiration of fuel oil	24 hrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		8810

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — Clay Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-30-56 59 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Drank fuel oil from a can. 6000 (The can was catching oil from a leak.)

22. *I hereby certify that I attended the deceased from* Nov. 20, 1956, *to* Dec. 1, 1956, *that I last saw the deceased alive on* Nov 30, 1956, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde M. Smith, DO.
23b. ADDRESS: Liberty, Mo.
23c. DATE SIGNED: 12-1-56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-1-56
24c. NAME OF CEMETERY OR CREMATORY: MUDDY FORK
24d. LOCATION (City, town, or county) (State): KEARNEY, MO.

DATE REC'D BY LOCAL REG.: 12-1-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: LEONARD FRY, KEARNEY, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Clyde M. Smith

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 C. N. Wise

Licensed Embalmer No. 2570

P. O. Address Smithville 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.