

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1425
STATE FILE NUMBER
326
Registrar's No.

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri ; b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Kansas City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		55% CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys		Length of stay in yrs 6yrs		d. STREET ADDRESS 1806 West 39th (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DONALD Middle C. Last PETERS			4. DATE OF DEATH Month Day Year Jan 20 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1894	9. AGE (In years last birthday) 65 62 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal work		10b. KIND OF BUSINESS OR INDUSTRY P. R. Flanigan Manufacturing Co.		11. BIRTHPLACE (City and state or country) Kansas ; 12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME James J. Peter ^s			14. MOTHER'S MAIDEN NAME Emma Jackson		
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. 509-07-7106		17. INFORMANT Clementine C. Peters Wwife, Address	
18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) Atherosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs 4201 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1/18/57 to 1/19/57 and last saw him alive on 1/19/57 Death occurred at 4:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank A. O'Donnell (Degree or title)		22b. ADDRESS 7951 State Line		22c. DATE SIGNED 1/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Removal		Jan. 22, 1957		Hillsdale Cemetery	
				Hillsdale, Kansas	
24. FUNERAL DIRECTOR Stine & McClure Und. Co. Kan. City Mo.		25. DATE RECD. BY LOCAL REG. 1-22-57		26. REGISTRAR'S SIGNATURE New Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Frank A. O'Donnell

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-56

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alfare
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rvice

Frank O'Connell
7951 Flat Line
1 - to 5

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 *Gerald A. Burges*
Licensed Embalmer No. *476*

P. O. Address *K.C.M.*

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.