

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **8901**
1097

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1097</u>	
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, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) unk		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2				e. STREET ADDRESS (If rural, give location) 2021 Troost			
3. NAME OF DECEASED (Type or Print) Robert		a. (First)		b. (Middle)		c. (Last) Sims	
4. DATE OF DEATH (Month) (Day) (Year) March 1, 1957		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unk	
8. DATE OF BIRTH off 65		9. AGE (In years last birthday) 9		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 9	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME known			
13b. MOTHER'S MAIDEN NAME known				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Gen. Hosp. #2 - H.C. Mo.		ADDRESS	
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) Hypertension with Hypertensive Cardiovascular Disease. 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? 2 YES ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH 443 X	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2-7-57</u> , 19 <u>57</u> , to <u>3-5-57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-1-57</u> , 19 <u>57</u> , and that death occurred at <u>4:55 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. R. Peterson M.D.				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-15-57		24c. NAME OF CEMETERY OR CREMATORY H.C. University		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 3-8-57		REGISTRAR'S SIGNATURE W. R. Peterson		25. FUNERAL DIRECTOR'S SIGNATURE W. R. Peterson & W. L. ...		ADDRESS 1728 E. ...	

(Licensed Embalmer's Statement of Reverse Side)

 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 W. R. Peterson

JACKSON

MISSOURI

JACKSON

KANSAS CITY

KANSAS CITY

1900

1900

1900

1900

1900

1900

1900

STATEMENT BY LICENSED EMBALMER

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
Signature of Licensed Embalmer

Licensed Embalmer No. 465

P. O. Address 79 E. Main

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.