

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13337

STATE FILE NUMBER  
1732

FILED MAY 1 - 1957

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 1732

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Length of stay in lb- <b>3 1/2</b>	d. STREET ADDRESS <b>3000 Tracy Apt. 120</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Alfred</b> Middle <b>Washington</b> Last <b>Petler</b>			4. DATE OF DEATH Month <b>April</b> Day <b>13</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 25, 1906</b>	9. AGE (In years last birthday) <b>51 1/2</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Metal Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Owens Metal Co.</b>	11. BIRTHPLACE (City and state or country) <b>Wichita, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Leonard Petler</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Ada Seay</b>		14. NAME OF HUSBAND OR WIFE <b>Dorthea</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <b>Yes WW-2</b>		16. SOCIAL SECURITY NO. <b>430-09-5892</b>	17. INFORMANT Address <b>Dorthea Petler, 3000 Tracy, wife</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Arteriosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> 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 <b>Aug 1906</b> to <b>April 12, 1957</b> and last saw <sup>her</sup> him alive on <b>April 12, 1957</b> Death occurred at <b>312 1/2 E. 10th St.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John Van Dyke</i> (Degree or title)			22b. ADDRESS <b>3100 Tracy Blvd. No. 2</b>		22c. DATE SIGNED <b>4-14-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-15-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Port Smith, Arkansas</b>		23d. LOCATION (City, town, of county) (State)
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar, K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-14-57</b>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. S. Van Dyke

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. Van Wye  
(will call or come in)

KP  
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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 *James W. Wair* .....

Licensed Embalmer No. *4650* .....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.