

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014393

STATE FILE NUMBER

2015

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2022 Oakley</u>	
Length of stay in lb <u>20 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ETTIA MARGUERITE PETERS

4. DATE OF DEATH Month Day Year April 18 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH May 21, 1912 9. AGE (In years, last birthday) 45 10. MONTHS 0 11. DAYS 0 12. HOURS 0 13. MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St Joseph Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert E. Jones 13b. MOTHER'S MAIDEN NAME Amanda Russo 14. NAME OF HUSBAND OR WIFE William Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year no., or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 493-22-8561 17. INFORMANT William Peters Address 2022 Oakley, K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Lacunes Cerebralis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
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 8 1/2 weeks

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE WORK  AT WORK  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 3-15-58 to 4-18-58 and last saw her <sup>her</sup> <sub>him</sub> alive on 4-18-58  
Death occurred at 745 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul A. Kienberger 22b. ADDRESS 5246 St John 22c. DATE SIGNED 4/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 21, 1958 23c. NAME OF CEMETERY OR CREMATORY Smt Marial Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR ADDRESS Hilke Funeral Home 2315 Linwood 25. DATE RECD. BY LOCAL REG. 4-19-58 26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Paul A. Kienberger USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57



W. P. A. Kienberger  
5246 St John  
Res 1-0141

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 *Chas E Wilks* .....

Licensed Embalmer No. *2644*  
P. O. Address *19 EMO* .....

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.