

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022032
STATE FILE NUMBER
2813

FILED JUN 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2813

300
1-57

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) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in 1b 50 YEARS		d. STREET ADDRESS (If outside, give location) 2741 Holmes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Wade Middle HAMPTON Last Peterson				4. DATE OF DEATH Month 5 Day 31 Year 1958				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JUNE-26-1876	9. AGE (In years, months, days) 81	10. FUNDER 1 YEAR Months 8 Days 1	IF UNDER 24 HRS. Hours 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-MAINTENANCE DEPT. COMMERCIAL TRUST CO.			10b. KIND OF BUSINESS OR INDUSTRY COMMERCIAL TRUST CO.		11. BIRTHPLACE (City and state or country) MARSHFIELD, OHIO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME PETERSON			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE MRS. BESSIE PETERSON		
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. 515-09-9043		17. INFORMANT MRS. ONETA BROWN Address 2741 HOLMES STREET, KANSAS CITY MISSOURI				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Old and recent cerebral and cerebellar encephalomalacia								
DUE TO (c)						33 2/3		
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 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 11 a.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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 May 19, 1958 to May 31, 1958 and last saw her alive on May 31, 1958 Death occurred at 11:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE B. J. Burns (Degree or title) M.D.				22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 6-2-58		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
BURIAL		JUNE-3-1958		MEMORIAL PARK CEMETERY		KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 6-3-58		26. REGISTRAR'S SIGNATURE neve minshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. BURIALS

All diseases in Part I must be causally related.



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 *Basil V. Honey*

Licensed Embalmer No. *5724*
P. O. Address *N. 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.