

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036560
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5057

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo 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 St. Joseph Hospital		Length of stay in 1b 70yrs.	d. STREET ADDRESS (If outside, give location) 9107 Grand Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mayble Middle L. Last PETERSON			4. DATE OF DEATH Month Oct. Day 25 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. - Artist	10b. KIND OF BUSINESS OR INDUSTRY Cook Paint Co.	11. BIRTHPLACE (City and state or country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James P. Platt	13b. MOTHER'S MAIDEN NAME Christiana Sawyer	14. NAME OF HUSBAND OR WIFE Edwin	

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. 495-07-6494	17. INFORMANT Mrs. Gertrude Myers - 7722 W. 65th -
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status asthmaticus		INTERVAL BETWEEN ONSET AND DEATH 70 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Cholelithiasis with Cholelithiasis		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.) ITEM 3 CORRECTED
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	BY AFFIDAVIT OF Informant 12/10/58 BCC

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.) Oct 24, 1958	20f. CITY, TOWN, OR LOCATION Oct 25, 1958	COUNTY Warrensburg, Mo.	STATE
--	---	---	-----------------------------------	-------

21. I attended the deceased from Death occurred at 11 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) J. Underwood, Jr.	22b. ADDRESS 1000 Prof. Bldg. TC Mo	22c. DATE SIGNED 10-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-29-58	23c. NAME OF CEMETERY OR CREMATORY -	LOCATION (City, town, or county) Warrensburg, Mo.	(State)

24. FUNERAL DIRECTOR Mellody-McGilléy-Eylar	ADDRESS 1800 Linwood	25. DATE RECD. BY LOCAL REG. 10-27-58	26. REGISTRAR'S SIGNATURE new Marshall
---	--------------------------------	---	--

All diseases in Part I must be causally related.

J. Underwood, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION



J. H. ...
Prof Bldg.
Ha. 17243
3:30 - 5:00

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 *Melvin Bortone*

Licensed Embalmer No. *4903*

P. O. Address *KC 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.