

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040136  
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5247

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>Lakeside Hospital</b>		Length of stay in lb <b>20 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>2829 Troost</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Paul</b> Middle <b>Everett</b> Last <b>Peterson</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>4,</b> Year <b>1958</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>5-10-92</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>butter maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>creamery</b>	11. BIRTHPLACE (City and state or country) <b>Stillwater, Minnesota</b>
13a. FATHER'S NAME <b>John Peterson</b>		13b. MOTHER'S MAIDEN NAME <b>Christine Benson</b>	14. NAME OF HUSBAND OR WIFE <b>Violet Peterson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>393-09-7109</b>	17. INFORMANT Address <b>Mrs. Violet Peterson, K. C. Mo.</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>Myocardial Infarction</b> <b>Coronary Thrombosis</b> DUE TO (b) _____ <b>Nephritis</b> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b> <b>1 year</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 _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <b>Oct 1, 1958</b> to <b>Nov 4, 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Nov. 4, 1958</b> Death occurred at <b>1:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Carl T. Moore, M.D.</b>		22b. ADDRESS <b>6425 E 37<sup>th</sup>, Kansas City, Mo.</b>	22c. DATE SIGNED <b>11-5-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>11-6-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
24. FUNERAL DIRECTOR <b>R. A. Fulton, Kansas City, Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>11-5-58</b>	26. REGISTRAR'S SIGNATURE <b>News Minshall</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4-12-107

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 Ralph Fulton  
~~\_\_\_\_\_~~

Licensed Embalmer No. 3035  
P. O. Address Kansas City, Ka

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.