URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-040297

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5408 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas
b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1859 So. Early
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALFRED Middle CARY Last PETEFISH

4. DATE OF DEATH: Month Nov. Day 9 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Jan. 23, 1885

9. AGE (last birthday): 74 yrs.
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): timekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Wilson & Co.

11. BIRTHPLACE (City and state or country): LaCygne, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: N. W. Petefish

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: Minnie Petefish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 510-05-2223

17. INFORMANT: Holly N. Petefish Address: K.C.Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 36 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE — MANY YEARS
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 11-5-59, to 11-8-59 and last saw her/him alive on 11-8-59
Death occurred at 1:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack D. Walker (Degree or title) MD

22b. ADDRESS 6200 C Johnson Dr Mission Kansas

22c. DATE SIGNED 11-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE 11/11/59

23c. NAME OF CEMETERY OR CREMATORY: Highland Pk. Cem.

23d. LOCATION (City, town, or county) (State): Kansas City, Ks.

24. FUNERAL DIRECTOR ADDRESS: Geo. F. Porter & Sons K.C.Ks.

25. DATE RECD. BY LOCAL REG.: 11-10-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Jack D. Walker

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minneso
Kansas City, K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.