

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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60-031119

FILED VS
 ENDED

SEP 6 1960
 Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 40 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Holden</i>		Length of stay in 1b <i>5 Yr</i>	c. CITY OR TOWN <i>Holden</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Holden Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>East Hi 58</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>BARBARA ANN PETERING</i>			4. DATE OF DEATH Month Day Year <i>Aug 30 1960</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-6-1943</i>	9. AGE (last birthday) <i>17</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Key Punch operator</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>C/M/S/C College</i>	11. BIRTHPLACE (City and state or country) <i>Blue Springs Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Marcel Petering</i>	13b. MOTHER'S MAIDEN NAME <i>Alberta Kirkpatrick</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>489-44-4325</i>	17. INFORMANT Address <i>Marcel Petering, Holden, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Acute yellow atrophy of liver</i>		<i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Infectious Hepatitis & Jaundice</i>		<i>30 days</i>
DUE TO (c) <i>Hepatitis Coma</i>		<i>4 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

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. 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 <i>8-15-60</i> to <i>8-30-60</i> and last saw her <i>live</i> on <i>8:30-60</i> Death occurred at <i>4:25 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>R H Jones D.O.</i>	22b. ADDRESS <i>Holden Mo</i>	22c. DATE SIGNED <i>8-31-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept 1 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Holden Cemetery</i>
23d. LOCATION (City, town, or county) <i>Holden Mo</i>		(State)

24. FUNERAL DIRECTOR <i>Conrad & Ross</i>	ADDRESS <i>Holden Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Aug 31, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Mrs G O Redford</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 2 1987

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. A. Quaday

Licensed Embalmer No. 343

P. O. Address Holden

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