

JRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034965

FILED VS. SEP 20 1960 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4511 STATE FILE NUMBER

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		Length of stay in 1b 30 YEARS	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 4004 Troost Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4602 St. John Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edward Middle Carl Last Petersen	4. DATE OF DEATH Month September Day 1 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	8. DATE OF BIRTH May 25 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Davidson Furniture Store	10b. KIND OF BUSINESS OR INDUSTRY Lawrence, Kansas	11. BIRTHPLACE (City and state or country) Lawrence, Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Hans Petersen	13b. MOTHER'S MAIDEN NAME Dora Janssen	14. NAME OF HUSBAND OR WIFE Edna M. Petersen
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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. 487-10-7856	17. INFORMANT Mrs. Edna M. Petersen 4602 St. John Avenue
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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: IMMEDIATE CAUSE (a) Comer of Farynx		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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"/> No <input type="checkbox"/> Unknown
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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.)
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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 LAWRENCE KANSAS
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:15 A. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh S. Owens Coronator	22b. ADDRESS 153 Union Station	22c. DATE SIGNED 9-26
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23a. BURIAL REMOVAL (Specify) BURIAL	23b. DATE SEPT. 3, 1960	23c. NAME OF CEMETERY OR CREMATOR OAK HILL CEMETERY	23d. LOCATION (City, town, or county) (State) LAWRENCE KANSAS
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24. FUNERAL DIRECTOR D.W. Newcomer Sons, 1331 Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 9-3-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer
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Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Chester K Braun

Licensed Embalmer No. 1937

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.