

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031237

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4198

FILED AUG 28 1962

VS 300
Rev. 4/59

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2 1/5/63
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4 1
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7 1
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9170X
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1277-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF W. WOODWARD

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in lb 1 WEEK | c. CITY OR TOWN RAYTOWN |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON COUNTY HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6521 ELM |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANCES A. PETERS | | | 4. DATE OF DEATH Month Day Year AUGUST 13 1962 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/29/13 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY -- | 9. AGE (last birthday) 48 |
| 11a. FATHER'S NAME GEORGE B. HENKEN | | 11. BIRTHPLACE (City and state or country) GERMANTOWN, ILLINOIS U.S.A. | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME BERNADINE TIMMERMANN | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 17. INFORMANT WALTER PETERS Address 6521 ELM RAYTOWN, MISSOURI | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatous DUE TO (c) Carcinoma of breast | | | INTERVAL BETWEEN ONSET AND DEATH None 2 years 3 years |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input 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.) | |
| 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 <u>8-6-62</u> to <u>8-13-62</u> and last saw her/him alive on <u>8-12-62</u> Death occurred at <u>12:50</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | 22b. ADDRESS Independence Mo | 22c. DATE SIGNED 8-14-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE AUG. 15, '62 | 23c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH CEMETERY | 23d. LOCATION (City, town, or county) (State) WEST PLAINS MISSOURI |
| 24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 1331 BRUSH CR. KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 8-14-62 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

W. Chubb, A. Howell
10901 Yuma Road - Emplacement, Mo
2:00 - 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 Wesley Fowler

Licensed Embalmer No. 4915

P. O. Address HC 200

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.