

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006901

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 751 STATE FILE NUMBER

FILED FEB 18 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Charles H. Johns
MEDICAL CERTIFICATION

USE BLACK INK

OR
TYPEWRITER RIBBON

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 10 yrs.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) D.O.A. Trinity Lutheran Hospital		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 234 East Linwood Blvd.
3. NAME OF DECEASED (Type or print) First Middle Last HEINRICH S. PETERSEN		4. DATE OF DEATH Month Day Year February 1, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-3-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) International Business Machine Co.		10b. KIND OF BUSINESS OR INDUSTRY International Business Machine Co.	9. AGE (last birthday) 64
11. BIRTHPLACE (City and state or country) Denmark		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Carl Petersen		13b. MOTHER'S MAIDEN NAME Anna Kirk	
14. NAME OF HUSBAND OR WIFE - -		17. INFORMANT Address Carl Petersen, 234 East Linwood, K.C., Mo.	
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. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Atherosclerosis with hypertension DUE TO (c) Chr. mitral stenosis (old rheumatic fever)			INTERVAL BETWEEN ONSET AND DEATH sudden 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 Nov 22 1957 to present and last saw her/him alive on January 19, 1963 Death occurred at Feb 1, 1963 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Charles H. Johns M.D.		22b. ADDRESS Missouri Kansas	22c. DATE SIGNED 2-2-63
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 2-4-63	23c. NAME OF CEMETERY OR CREMATORY Forest Hill
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 2-4-63	26. REGISTRAR'S SIGNATURE Arthur Long

Dr. Charles H. Johnson
6014 Mission Road,
CO. 2-5000

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 Clayton Barnes

Licensed Embalmer No. 4793

P. O. Address K. C. 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.