

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5201**  
**712**

FILED FEB 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>LACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) township <b>5 Wps</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Campbell Nursing Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>C</b> c. (Last) <b>PETERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 14 1952</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>5-16-1886</b>
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hard Supr.</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hard Supr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>	12. CITIZEN OR WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Peters</b>		13b. MOTHER'S MAIDEN NAME <b>Margaretha Rohwigger - deceased</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No none</b>		16. SOCIAL SECURITY NO. <b>510-05-1770</b>	17. INFORMANT'S SIGNATURE OR NAME <b>family records</b> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEMIPLEGIA</b>  ANTECEDENT CAUSES DUE TO (b) <b>HYPERTENSION</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  334*	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <b>1-14</b> , 1952, to <b>2-12</b> , 1952, that I last saw the deceased alive on <b>2-12</b> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>B. Marcus Heller</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>416 Bryant Bldg.</b>	
23c. DATE SIGNED <b>2-14-52</b>		24. BURIAL CREMATION (REMOVAL) DATE <b>Feb 16-1952</b>	
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Memorial Gardens - Kansas City, Kans</b>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>P. A. Fulton</b> ADDRESS <b>Kansas City, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>2-14-52</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	

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**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** .....  
Student Embalmer

**Signed**.....

**Licensed Embalmer No.**.....

**P. O. Address**.....

**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 this body is not embalmed, fact should be so stated above.**