

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1738

FILED JAN 21 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 5129

1. PLACE OF DEATH
 a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo b. COUNTY Jackson

b. CITY OR TOWN Independence

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs-Rural

c. LENGTH OF STAY (in this place) 15 hrs

d. STREET ADDRESS (If rural, give location) 2 1/2 mi. N East - 700th

3. NAME OF DECEASED
 (Type or Print) a. (First) Harry b. (Middle) Petersen c. (Last) Petersen

4. DATE OF DEATH (Month) (Day) (Year) Jan - 2 - 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov-3-1894

9. AGE (In years last birthday) 58 IF UNDER 1 YEAR (Months) (Days) IF UNDER 12 HRS. (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Owner

11. BIRTHPLACE (State or foreign country) Kansas City Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chris Petersen

13b. MOTHER'S MAIDEN NAME Marie Christine

14. NAME OF HUSBAND OR WIFE Ethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. # 1

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Petersen Blue Springs Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
6 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26, 1952, to 1-2, 1953, that I last saw the deceased alive on 1-1, 1953, and that death occurred at 12:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Merrill R. Bay M.D.

23b. ADDRESS Blue Springs, Mo

23c. DATE SIGNED 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 4 - 1953

24c. NAME OF CEMETERY OR CREMATORY Oak Grove

24d. LOCATION (City, town, or county) (State) Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 1-4-53

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walt Funeral Home Blue Springs Mo

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

1005

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. B. Webb

Signed.....

Student Embalmer

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs, 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 this body is not embalmed, fact should be so stated above.