

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8049**

FILED MAR 25 1954

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1053**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) (Kansas) City, North		c. CITY OR TOWN (Kansas) City, North	
c. LENGTH OF STAY (in this place) since 1948		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5555 MUNGER RD		e. STREET ADDRESS (If rural, give location) 5555 MUNGER RD 1	

3. NAME OF DECEASED (Type or Print) a. (First) MRS. BETTY L b. (Middle) PETERSEN c. (Last) PETERSEN	4. DATE OF DEATH Month MAR Day 4 Year 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 10 - 07	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Blythdale Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John SAUNDERS	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE Harvey E 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) _____	16. SOCIAL SECURITY NO. MM- _____	17. INFORMANT'S SIGNATURE OR NAME HARVEY E PETERSEN ADDRESS 5555 Munger Rd.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH immed. 3 hrs 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial Pneumonia		
	DUE TO (c) Malignant Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **13 Feb 1954**, to **March 1954**, that I last saw the deceased alive on **March 1954**, and that death occurred at **7:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE W.G. Barnes (Degree or title) Dr	23b. ADDRESS 306 Armour NE Mo	23c. DATE SIGNED 4/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Creemation	24b. DATE March 8 - 54	24c. NAME OF CEMETERY OR CREMATORY S.W. Newcomers Son	24d. LOCATION (City, town, or county) (State) K.P. Mo.
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DATE REC'D BY LOCAL REG. 3-9-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE S.W. Newcomers ADDRESS Central Crest & Co. K.P. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *John W. Kalsbeek*

Licensed Embalmer No. *494*

P. O. Address *North Lane*

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.