

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11539**

28897-54
FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SMITHVILLE, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SMITHVILLE, MO.	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 600 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) DEAN c. (Last) PETERSON			4. DATE OF DEATH (Month) (Day) (Year) MAY 3, 1954		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH MAY 2, 1954		9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) SMITHVILLE, MO.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
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13a. FATHER'S NAME LEO W. PETERSON			13b. MOTHER'S MAIDEN NAME WILMA N. KEEHAFFER			14. NAME OF HUSBAND OR WIFE _____		
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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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LEO W. PETERSON				ADDRESS PLATTE CITY, MO. R. D.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		DUE TO (b) _____						_____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____						_____	
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) 750 X (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 5-2, 1954, to 5-3, 1954, that I last saw the deceased alive on 5-3, 1954, and that death occurred at 10: P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>E. S. [Signature]</i> (Degree or title) MD			23b. ADDRESS Smithville, Mo.			23c. DATE SIGNED 5-3-54		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-4-1954		24c. NAME OF CEMETERY OR CREMATORY SECOND CREEK CEMETERY		24d. LOCATION (City, town, or county) PLATTE COUNTY, MO. (State) _____			
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DATE REC'D BY LOCAL REG. 5-4-54		REGISTRAR'S SIGNATURE <i>Marquerite Hudgens</i>		484		25. FUNERAL DIRECTOR'S SIGNATURE SMITHVILLE, MO. MCCOMAS FUNERAL HOME MO.			
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....

S. A. McComas

Signed.....
Student Embalmer

Licensed Embalmer No. *2303*

P. O. Address: *Smithville, 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.