

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37542**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5312		
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, write RURAL and give town or township) KANSAS CITY		c. LENGTH OF STAY (in this place) 25 YRS.		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5320 PARK AVENUE				e. STREET ADDRESS (If rural, give location) 7th 5320 PARK AVENUE 3168				
3. NAME OF DECEASED (Type or Print) a. (First) ALFRED b. (Middle) CRIST c. (Last) PETERSEN			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 13, 1954					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 23 - 1894		
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR CONSTRUCTOR			10b. KIND OF BUSINESS OR INDUSTRY ELEVATOR SALES SERVICE COMPANY		11. BIRTHPLACE (City and State or Foreign Country) CLINTON, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD T. PETERSEN			13b. MOTHER'S MAIDEN NAME MARTHA CLAUSEN			14. NAME OF HUSBAND OR WIFE MRS. LENA P. PETERSEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 495-05-3306		17. INFORMANT'S SIGNATURE OR NAME MRS. LENA P. PETERSEN ADDRESS 5320 PARK AVE. KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon monoxide Poisoning 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.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage Home		21c. (CITY, TOWN, OR TOWNSHIP) Louis City (COUNTY) Jackson MO (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-13-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Found near exhaust with led				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:40P. m., from the causes and on the date stated above.								
23a. SIGNATURE Hugh H. Owens M.D. (Degree or title) Coroner				23b. ADDRESS 1034 Walnut Bldg.		23c. DATE SIGNED 11-13-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov-16-1954		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG. 11-16-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Neumann ADDRESS 331 S. 1st St. KANSAS CITY, MISSOURI				

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 B Lewis*
Licensed Embalmer No. *487*
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.