

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18892**
2343

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002** Registrar's No. _____

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) KANSAS CITY	c. LENGTH OF STAY (in this place) LYN	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 1219-BELLAIRE		e. STREET ADDRESS (If rural, give location) 1219-BELLAIRE 32180	

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) ERVIN c. (Last) PETERSON	4. DATE OF DEATH (Month) (Day) (Year) 5-29-55
--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 2-1893	9. AGE (In years last birthday) 61	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) NITERATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY HALL GREETING CARD	11. BIRTHPLACE (City and State or Foreign Country) DAYTON IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME JOHN PETERSON	13b. MOTHER'S MAIDEN NAME BERTHA LOBECK	14. NAME OF HUSBAND OR WIFE ROBINETT SMITH
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. 500-20-5568	17. INFORMANT'S SIGNATURE OR NAME Mrs Robinett Peterson	ADDRESS Keokuk
---	--	--	-----------------------

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

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 **Jan**, 19**54**, to **May 29, 1955**, that I last saw the deceased alive on **May 29, 1955**, and that death occurred at **2:48 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Slentz (Degree or title) M.D.	23b. ADDRESS 315 Nichols Ad. K.C. Mo.	23c. DATE SIGNED 5-29-55
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5-30-55	24c. NAME OF CEMETERY OR CREMATORY Peculiar Cemetery	24d. LOCATION (City, town, or county) (State) Peculiar, Missouri
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 5-31-55	REGISTRAR'S SIGNATURE Neva Marshall	25. EMERALD DIRECTOR'S SIGNATURE W. H. Slentz	ADDRESS Keokuk
---	--	--	-----------------------

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

SEP 16 1956

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 P. Sheil*
Licensed Embalmer No. *0367*

P. O. Address *R. C. M.*

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.