

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1532

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 33	
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 OR TOWN Independence		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY OR TOWN Independence		d. Residence within limits of a. or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1105 South Hacker				f. STREET ADDRESS (If rural, give location) 1105 South Hacker			
3. NAME OF DECEASED (Type or Print) a. (First) Julian b. (Middle) A. c. (Last) Peterson				4. DATE OF DEATH (Month) (Day) (Year) Jan-14-1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July-2-1888	
9. AGE (in years last birthday) 67		10. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) Ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		9. AGE (in years last birthday) Months Days Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) Pisgah Iowa				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Nels J. Peterson		13b. MOTHER'S MAIDEN NAME Sylvia Streeker		14. NAME OF HUSBAND OR WIFE Mary T. Peterson			
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. 491-32-4325		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary T. Peterson Indep 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND 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)		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. C. Roach, Jr., Deputy Coroner</i>				23b. ADDRESS 6627 Prairie St. Indep		23c. DATE SIGNED 1-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 16-56		24c. NAME OF CEMETERY OR CREMATORY Mount Grove		24d. LOCATION (City, town, or county) (State) Independence, Mo	
DATE REC'D BY LOCAL REG. 1-16-56		REGISTRAR'S SIGNATURE <i>James J. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland P. ... Indep Mo			

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

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**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 *Roland P. Speaks*.....

Licensed Embalmer No. *3607*.....

P. O. Address *Indep. 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.