No. 300
10.48

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

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30896

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3927

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City,
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hosp. K.C. Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, 6150 8
d. STREET ADDRESS (If rural, give location): 706 Riverview Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Alfred
c. (Last): Peters

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 25, 1899
9. AGE (In years last birthday): 57 — 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): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Burlington R.R.
11. BIRTHPLACE (State or foreign country): Macon, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Louis Peters
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Leora Peters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War No. 1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: William L. Peters 706 Riverview K.C. Kansas

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) Spontaneous Tension Pneumo-Hemothorax — Interval between onset and death: 5 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Avulsion of Azygous vein — 5 hrs

DUE TO (c) Rupture of Emphysematous cyst — 5 hrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bullous Emphysema 5271 — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1953, *to* Sept 5, 1956, *that I last saw the deceased alive on* Sept 5, 1956, *and that death occurred at* 5 28 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edw. H. Fischer (Degree or title) M.D.
23b. ADDRESS: 306 E 21st NKC 16 Mo
23c. DATE SIGNED: 9/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 10, 1956
24c. NAME OF CEMETERY OR CREMATORY: Chapel Hill Memorial Gardens
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 9-6-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Echternacht FUNERAL HOME 1318 QUINDARO BLVD. KANSAS CITY 2, KANSAS

(Licensed Embalmer's Statement on Reverse Side)

Dr. Edward Fisher
306 E. 21 St.
North Tex. No.

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 .....
Student Embalmer

Signed Harold L. Echternacht

Licensed Embalmer No. 3035

P. O. Address C. C. Kans

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.