

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24773**  
**3593**

FILED AUG 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>3 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2938 Summitt</b>			e. (STREET ADDRESS (If rural, give location)) <b>2938 Summitt</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marie</b> b. (Middle) c. (Last) <b>Peterson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 26 57</b>		
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2/25/1875</b>		9. AGE (In years last birthday) <b>82</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>McIntosh, La.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Reubers Russell</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Stoker</b>		14. NAME OF HUSBAND OR WIFE <b>John R. Peterson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Helen M. Bond 2938 Summitt</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis - advanced ? yrs</b> DUE TO (c) <b>advanced years</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  331 X				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 <b>Dec 5 1955</b> to <b>July 26, 1957</b> , that I last saw the deceased alive on <b>July 25, 1957</b> , and that death occurred at <b>11:45 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>R. Paul Wright</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>Kansas City - 64th 1324, Prof. Bldg.</b>		23c. DATE SIGNED <b>July 30 57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/1/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>7-31-57</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. J. W. Jones 440 state ave.</b>	

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

Paul R. Knight

Professional  
Bldg.

KP  
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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 Eugene English

Licensed Embalmer No. 410

P. O. Address 224 1/2  
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.