

Health,
& Welfare
S. Public
th Service

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40543
STATE FILE NUMBER
199 Primary Registration District No. 1001 Registrar's No. 5555

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Edward P. Altomari
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4332 EUCLID AVENUE			Length of stay in 1b 21 YEARS		d. STREET ADDRESS (If outside, give location) 4332 EUCLID AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DENA Middle PETERSON Last PETERSON				4. DATE OF DEATH Month Nov Day 22 Year 1957					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY-29-1868		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) NORWAY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE ANDREW 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. NONE		17. INFORMANT MRS. RUTH BABCOCK		Address 4332 EUCLID AVENUE KANSAS CITY MISSOURI			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE							INTERVAL BETWEEN ONSET AND DEATH 1 WK.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from NOV 15 1957 to NOV 22 1957 and last saw her alive on NOV 22 1957 Death occurred at 5:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Edward P. Altomari M.D. (Degree or title)				22b. ADDRESS 2610 E 63rd ST		22c. DATE SIGNED 11-22-57			
23a. BURIAL, CREMATION, (REMOVAL Specify) BURIAL		23b. DATE NOV-25-1957	23c. NAME OF CEMETERY OR CREMATORY QUINDARO CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY		STATE KANSAS		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BROWN CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 11-23-57		26. REGISTRAR'S SIGNATURE Neva Minshall				



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 *Chester K. Brauer*

Licensed Embalmer No. *4931*
P. O. Address *KE 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.