Dept. Health, Ed., & Welfare U. S. Public Health Service

U.S. 300 Rev. 1-56

FILED DEC 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44708
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 222

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lee's Summit — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 306 S. Market — Length of stay in 1b: 5 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Lee's Summit — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 306 S. Market — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elmer — Middle: ----- — Last: Peterson

4. DATE OF DEATH: Month Dec. Day 5 Year 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ Unknown **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH**: 1876 **9. AGE** (In years last birthday): 81 — 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): Unknown. **10b. KIND OF BUSINESS OR INDUSTRY**: Unknown **11. BIRTHPLACE** (City and state or country): Iowa **12. CITIZEN OF WHAT COUNTRY?**: USA

13. FATHER'S NAME: Unknown **14. MOTHER'S MAIDEN NAME**: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): ---------- **16. SOCIAL SECURITY NO.**: 496-03-0895A **17. INFORMANT** Address: Charley Parks, Greenwood, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
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): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **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 ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh M. Powers Coroner **22b. ADDRESS**: 1034 Rialto Bldg. **22c. DATE SIGNED**: 12-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Dec. 6, 1957 **23c. NAME OF CEMETERY OR CREMATORY**: Lee's Summit, Cemetery **23d. LOCATION** (City, town, or county) (State): Lee's Summit, Missouri

24. FUNERAL DIRECTOR ADDRESS: Langford Funeral Home, Lee's Summit, Missouri **25. DATE RECD. BY LOCAL REG.**: 12-6-1957 **26. REGISTRAR'S SIGNATURE**: M. B. Langford

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Becoming the medical certification in the specific manner required by 193.140 MoRS 1949.

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RECEIVED
DEC 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.