THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000645
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 73 Primary Registration District No. 5290 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RR#1, Kearney — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi SW of Kearney — Length of stay in Institution years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Kearney — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 mi SW of Kearney — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Charley — Middle William — Last Peters
4. DATE OF DEATH: Month Jan — Day 13 — Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Feb 26, 1880
9. AGE (In years last birthday): 78 — 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): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Paradise, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Paul Peters, RR #1, Kearney, Mo — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left Ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Peripheral artery sclerosis — 10 yr.
DUE TO (c) Coronary insufficiency — 10 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
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 1948, to 13 Jan 1959 and last saw her/him alive on 13 Jan 59. Death occurred at 11:10 PM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: F M Waterman (Degree or title) MD
22b. ADDRESS: Liberty, Mo
22c. DATE SIGNED: 16 Jan 59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-15-59
23c. NAME OF CEMETERY OR CREMATORY: Providence
23d. LOCATION (City, town, or county) (State): rural, Liberty, Mo
24. FUNERAL DIRECTOR — ADDRESS: Fry Funeral Home, Kearney, Mo
25. DATE RECD. BY LOCAL REG.: 1-29-59
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

F.M. Waterman

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Van Landingha

Licensed Embalmer No. 4

P. O. Address Excelsior Springs

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