THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001889
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base Hospital — Length of stay in 1b 9 days

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

3. NAME OF DECEASED (Type or print): First Michael; Middle James; Last Peterson
4. DATE OF DEATH: Month January; Day 2; Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ – DIVORCED ☐
8. DATE OF BIRTH: December 24, 1958
9. AGE (In years last birthday): IF UNDER 1 YEAR Months – Days 9; IF UNDER 24 HRS. Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): –
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (City and state or country): USAF Hospital, Whiteman AF Base, Missouri
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Richard Blair Peterson
14. MOTHER'S MAIDEN NAME: Barbara Ann Romanoski
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) – (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. –
17. INFORMANT: Hospital Records — Address USAF Hospital Whiteman AFB, Mo

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) apnea - prematurity — INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) prematurity — 9 days
DUE TO (c) premature rupture of membranes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7615
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 24 Dec 58, to 2 Jan 59 and last saw ~~her~~ him alive on 2 Jan 59
Death occurred at 7:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Everett R. Lensink (Degree or title) EVERETT R LENSINK CAPT USAF (MC)
22b. ADDRESS USAF HOSPITAL Whiteman AF Base, Missouri
22c. DATE SIGNED 2 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN. 3. 1959
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State) WARRENSBURG, MISSOURI
24. FUNERAL DIRECTOR Sweeney-Phillips — ADDRESS Lodger 189 E. MARKET ST. WARRENSBURG, MO.
25. DATE RECD. BY LOCAL REG. Jan 2 - 59
26. REGISTRAR'S SIGNATURE Erma L. Beatty

(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.

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John P. Lodges

Licensed Embalmer No. 49

P. O. Address Warrensbu

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.