MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015406
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

16508

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2020

FILED APR 30 1962

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
18b.	Galactosomia	Infectious hepatitis	11-24-64

BY AFFIDAVIT OF David F. Eubank attending physician DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 3 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. MARY'S HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: RAYTOWN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8608 CRESCENT — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First KRISTEN Middle LEA Last PETERSON
4. DATE OF DEATH: Month APRIL Day 10 Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/30/61
9. AGE (last birthday): IF UNDER 1 YEAR Months 3 Days 10 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and state or country): KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: JACK L. PETERSON
13b. MOTHER'S MAIDEN NAME: JACQUELINE GASKILL
14. NAME OF HUSBAND OR WIFE: ---
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: JACK L. PETERSON Address: 8608 CRESCENT RAYTOWN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Galactosomia ~~Acute Infectious Hepatitis~~ — 5 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Double uterus & vagina
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 4/7/62, to 4/10/62 and last saw her alive on 4/9/62
Death occurred at 1 15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David F Eubank MD
22b. ADDRESS: 9406 E. 63rd Raytown, Mo
22c. DATE SIGNED: 4/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: APR. 11, 1962
23c. NAME OF CEMETERY OR CREMATORY: FOREST LAWN CEMETERY
23d. LOCATION (City, town, or county) (State): OMAHA NEBRASKA

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 4-11-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. David Eulamb or Dr. C. Bare
9406 East 63rd Street - Raytown, Mo.
2100-5.00

APR 1 1962

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indp., 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.