

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016221

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2289

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

23858

3

4 /

5 0

6

7 0

8 /

92890

10

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Chester I. Bare MEDICAL CERTIFICATION

FILED APR 29 1963	
1. PLACE OF DEATH	
a. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>10 YRS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BAPTIST MEMORIAL HSP</u> Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)	
a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>431 - W. 67TH TER.</u> Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LUCY</u> Middle <u>PETERSON</u> Last <u>PETERSON</u>	
4. DATE OF DEATH Month <u>APRIL</u> Day <u>14</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-25-51</u>
9. AGE (last birthday) <u>11</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>
11. BIRTHPLACE (City and state or country) <u>TRENTON, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ANDREW PETERSON</u>	13b. MOTHER'S MAIDEN NAME <u>ROSEMARY LAYSON</u>
14. NAME OF HUSBAND OR WIFE <u>—</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>
16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>ANDREW PETERSON, 431 - W. 67TH TER.</u> Address <u>—</u>
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Respiratory Anoxia and Apnea</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u>	
DUE TO (b) <u>Upper Respiratory Infection</u> <u>6 days</u>	
DUE TO (c) <u>Hurler's Syndrome</u> <u>From birth</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>—</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) <u>—</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>—</u>	
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>—</u>
20f. CITY, TOWN, OR LOCATION <u>—</u> COUNTY <u>—</u> STATE <u>—</u>	
21. I attended the deceased from <u>April 2, 1963</u> to <u>April 14, 1963</u> and last saw her alive on <u>April 14, 1963</u> . Death occurred at <u>9:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Chester I. Bare M.D.</u>	22b. ADDRESS <u>Raytown 33, Missouri</u>
22c. DATE SIGNED <u>April 15, 1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-16-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN CEMETERY</u>	23d. LOCATION (City, town, or county) <u>TRENTON MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS KAN CITY, MO</u>	25. DATE RECD. BY LOCAL REG. <u>4-16-63</u>
26. REGISTRAR'S SIGNATURE <u>Arthur Long</u>	

USE BLACK INK OR TYPEWRITER RIBBON

