

FILED MAR 31 1949

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. <u>49-015852</u>		REG. DIST. NO. <u>186</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> RR <u>4</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>809 Mills</u> RR <u>4</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Stephen</u>		b. (Middle) <u>Andrew</u>		c. (Last) <u>Peffer</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	
8. DATE OF BIRTH <u>March 10, 1949</u>		9. AGE (In years last birthday) <u>2</u>		10. IF UNDER 1 YEAR Months <u>2</u>		11. IF UNDER 24 HRS. Min. <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			
11. BIRTHPLACE (State or foreign country) <u>Independence, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>American</u>			
13a. FATHER'S NAME <u>George W. Peffer</u>		13b. MOTHER'S MAIDEN NAME <u>Beulah R. Oliver</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George W. Peffer, Independence, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES <u>Multiple aneurysms</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Involving the heart and kidneys</u> DUE TO (b) <u>7824</u> DUE TO (c) <u>7824</u> II. OTHER SIGNIFICANT CONDITIONS "Conditions contributing to the death but not related to the disease or condition causing death." 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>2 days</u>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11:54</u> <u>March 10, 1949</u> , to <u>11:40</u> <u>March 13, 1949</u> , that I last saw the deceased alive on <u>3/14/49</u> , 1949, and that death occurred at <u>11:20</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Esther Watson M.D.</u>		23b. ADDRESS <u>129 Lexington</u>		23c. DATE SIGNED <u>3/14/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar. 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookings cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Carson</u>		ADDRESS <u>Independence, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 13-1949</u>		REGISTRAR'S SIGNATURE <u>Am. Debar</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Carson</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Charles J. Tye

Signed
Student Embalmer

Licensed Embalmer No. 4534

P. O. Address Essex, Md

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 this body is not embalmed, fact should be so stated above.