

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30614

State File No.

3908

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3548	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>345 1/2 BROOKLYN AVENUE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GERTRUDE</u>		b. (Middle) <u>ELIZABETH C.</u>		c. (Last) <u>PEACOCK</u>	
4. DATE OF DEATH		(Month) <u>SEPT.</u>		(Day) <u>11</u>		(Year) <u>1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>AUG-4-1899</u>	
9. AGE (In years last birthday) <u>51</u>		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) <u>NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRACTICAL</u>		11. BIRTHPLACE (State or foreign country) <u>MARYVILLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>THOMAS CARTWRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WALNER</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>464-32-5197</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CORA B. BAILEY</u> ADDRESS <u>712 EAST 29th STREET, KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>C. of Aorta</u>				175X	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		19b. MAJOR FINDINGS OF OPERATION _____					
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) _____		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>7-19</u> , 19 <u>48</u> , to <u>9-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-11</u> , 19 <u>50</u> and that death occurred at <u>10:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Walker</u> (Degree or Title) _____				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>9/1/50</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TARKIO CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>TARKIO MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-13-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

132-500

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Edward M. Storey*

Signed.....
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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 this body is not embalmed, fact should be so stated above.