

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18216

State File No. _____

FILED MAY 27 1953

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No. 2388

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Kansas</i> b. COUNTY <i>Miami</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - Osawatimie</i>	
c. LENGTH OF STAY (In this place) <i>9 days</i>		d. STREET ADDRESS (If rural, give location) <i>8150</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Trinity Lutheran</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>CLATON</i> b. (Middle) <i>A.</i> c. (Last) <i>PEULER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>MAY - 5 - 1953.</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married 1</i>	8. DATE OF BIRTH <i>Nov. 19 - 1884</i>
9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months <i>3</i> Days <i>16</i>	IF UNDER 18 HRS. Hours <i>5</i> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>	11. BIRTHPLACE (State or foreign country) <i>Le Roy, Lee.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>William F. Peuler</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Hallen</i>	14. NAME OF HUSBAND OR WIFE <i>Mrs. Ethel Peuler</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Ethel Peuler</i> ADDRESS <i>Osawatimie, Kans.</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Pancreas with Metastases to Liver</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cardio-renal Disease</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma Pancreas</i>	
20. AUTOPSY? YES <input 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)	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 <i>4-27-53</i> to <i>5-5-53</i> , that I last saw the deceased alive on <i>5-5-53</i> , and that death occurred at <i>5:50 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John H. Ogilvie</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>224 Nialto Bldg</i>	23c. DATE SIGNED <i>5-5-53</i>
24a. BURIAL CREMATION, REMOVAL (Specify) <i>Removed</i>	24b. DATE <i>5-5-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>unknown</i>	24d. LOCATION (City, town, or county) (State) <i>Osawatimie Kansas</i>
DATE REC'D BY LOCAL REG. <i>5-8-53</i>	REGISTRAR'S SIGNATURE <i>Gerald Smith</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>William H. Eddy</i> ADDRESS <i>Osawatimie Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1954

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.....
Student Embalmer

Signed *Hellon H. Eddy*

Licensed Embalmer No.....

P. O. Address *Osawatomie, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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