

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21684

No. 300
10. 48

State File No.

FILED JUL 9 - 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2874

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place) <p align="center">32 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">3 East 31st St.</p>			d. STREET ADDRESS (If rural, give location) <p align="center">618 3616 Holmes</p>		

3. NAME OF DECEASED (Type or Print)		a. (First) <p align="center">DR. JAMES</p>	b. (Middle) <p align="center">PAUL</p>	c. (Last) <p align="center">PECK</p>	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">6-6-53</p>				
5. SEX <p align="center">M</p>	6. COLOR OR RACE <p align="center">W</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Divorced 3</p>		8. DATE OF BIRTH <p align="center">Feb. 11, 1901</p>	9. AGE (In years last birthday) <p align="center">52</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Dentist</p>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">McFall, Missouri 0</p>		12. CITIZEN OF WHAT COUNTRY <p align="center">USA</p>		

13a. FATHER'S NAME <p align="center">Henry J. Peck</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Belle Pulsifer</p>		14. NAME OF HUSBAND OR WIFE <p align="center">---</p>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">None</p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Ethel J. Wilhoit, 3616 Holmes K.C. MO.</p>		ADDRESS <p align="center">K.C. MO.</p>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<p align="center"><i>Coronary thrombosis</i></p>				<p align="center">4200</p>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>arteriosclerotic heart disease</i>					
		DUE TO (c)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Geo. C. Keelhofer</p>		23b. ADDRESS <p align="center">4050 Riverchase, Kansas City, Mo.</p>		23c. DATE SIGNED <p align="center">6-6-53</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p>		24b. DATE <p align="center">6-9-53</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Highland Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Albany, Missouri</p>	
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DATE REC'D BY LOCAL REG. <p align="center">6-8-53</p>		REGISTRAR'S SIGNATURE <p align="center">Doraldine Smith</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">STINE & McCLURE</p>		ADDRESS <p align="center">K.C. MO.</p>	
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(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.

Student
Student Embalmer

Signed Eugene Lennon

Licensed Embalmer No. 4633

P. O. Address 13 E 2nd

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.