

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25077  
Registrar's No. 3444

FILED JUL 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3444

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If inside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City, Rural</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hapeville Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>9200 E 9th</u> <u>700</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) _____ c. (Last) <u>Peden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/27/1895</u>
9. AGE (In years, last birthday) <u>57</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Peden</u>		13b. MOTHER'S MAIDEN NAME <u>Oschtel</u>	
14. DATE OF MARRIAGE <u>1928</u>		15. NAME OF HUSBAND OR WIFE <u>Jesse Peden</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>488-52-7618</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Heart</u>		19. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. O. Peden, Jr.</u>	
19. ADDRESS <u>9300 E. 9th.</u>		20. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		5 yrs.	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes. Diabetic Coma</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. 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) (Minute) _____		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>7/11</u> , 19 <u>53</u> to <u>7/9</u> , 19 <u>53</u> that I last saw the deceased alive on <u>7/9</u> , 19 <u>53</u> , and that death occurred on <u>7/9</u> , 19 <u>53</u> at <u>3:27</u> p.m.; from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank V. Sperry</u> (Degree or title) _____		23b. ADDRESS <u>5811 Truman Rd</u>	
23c. DATE SIGNED <u>7/9/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 15, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. C. Carter</u>	
DATE REC'D BY LOCAL REG. <u>7-10-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	
25. ADDRESS <u>Thos. C. Carter</u>		_____	

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

ALL 19 1961  
OCT 4 1961

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.....  
Signature of Student Embalmer

Signed.....  
*Emil W. Halbrook*

Licensed Embalmer No. *490*

P. O. Address *July 2*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.