

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1474**

BIRTH NO. **FILED FEB 4 1955** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **273**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 Month</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3010 Jarboe</b>		d. STREET ADDRESS (If rural, give location) <b>418 Freeman</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Iona</b>		b. (Middle) <b>M.</b>	
c. (Last) <b>Peavy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 14 -54</b>	
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	8. DATE OF BIRTH <b>Jan. 30-1906</b>
9. AGE (In years last birthday) <b>47</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	
11. BIRTHPLACE (State or foreign country) <b>Kansas City Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Overstreet</b>		13b. MOTHER'S MAIDEN NAME <b>Mable Hendricks</b>	
14. NAME OF HUSBAND OR WIFE <b>Arthur D. Peavy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Arthur D. Peavy-418 Freeman</b>	
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) <b>Carcinoma of breast</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastasis to lungs</b> 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>12-1-53</b>	
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 <b>12-29</b> , 19 <b>53</b> , to <b>Jan 14</b> , 19 <b>54</b> ; that I last saw the deceased alive on <b>1-12</b> , 19 <b>54</b> , and that death occurred at <b>10:01</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>P. M. Nunn</b>		23b. ADDRESS (Degree or title) <b>M/D 1401 SW Blvd. Pl. Kansas</b>	
23c. DATE SIGNED <b>1-18-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>1-20-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>N. W. Thatcher</b>	
DATE REC'D BY LOCAL REG. <b>1-18-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>N. W. Thatcher</b>		ADDRESS <b>Kansas City Ks.</b>	

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.....

*Clifford J. Woods*

Student Embalmer.....

Licensed Embalmer No. *3106*

P. O. Address *1520 N. 5th*

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

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