

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34076**
4644

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4644

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) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	
c. CITY OR TOWN <u>Grandview</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St Joseph Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Greene & Greive Roads</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Peck</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 4 - 54</u>
---	---

5. SEX <u>F</u>	6. COLOR OF RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 4, 1922</u>	9. AGE (In years last birthday) <u>32</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>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Scott, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	--

13a. FATHER'S NAME <u>Charles Fouek</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Kenneth R. Peck</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth R. Peck</u>	ADDRESS <u>Grandview, Mo.</u>
---	-------------------------------------	---	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 to 1 1/2</u> <u>26</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Fat Embolism</u> <u>Brain & Lung</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Multiple Fractures</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rupture of spleen</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 71 & Blue Ridge Washington, Jackson County, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>705 (COUNTY) (STATE)</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-30-54 5:30 Pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2 car collision</u>
--	---	--

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Oct 4, 1954, that I last saw the deceased alive on Oct 4, 1954, and that death occurred at 6:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE OF J. S. E. James Jr. (Degree or title) <u>J. S. E. James Jr. M.D.</u>	23b. ADDRESS <u>928 Argyle Bldg, K.T. Mo.</u>	23c. DATE SIGNED <u>10/5/54</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-6-54</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Mt. Moriah Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Millman Mill Mo.</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-5-54</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. G. Berger</u>	ADDRESS <u>309 S. E. Grandview Mo.</u>
--	---	---	---

(Licensed Embalmer's Statement on Registrar's Certificate)
29 E. Goddard Mo.

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

Vib266

ECRI 1.2 1971

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 *Dwight E. Gossard*

Licensed Embalmer No. 4911

P. O. Address *Grandview*

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.