

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41146  
5725

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED JAN 5 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1052

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Krestwood Medical Center

STREET ADDRESS (If rural, give location)  
507 West 16th Street

3. NAME OF DECEASED (Type or Print)  
a. (First) LENA b. (Middle) \_\_\_\_\_ c. (Last) PEAKE

4. DATE OF DEATH (Month) (Day) (Year)  
12 13 54

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH  
Apr. 19, 1876

9. AGE (In years last birthday) 78

IF UNDER 1 YEAR Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
At Home

10b. KIND OF BUSINESS OR INDUSTRY  
Home

11. BIRTHPLACE (City and State or Foreign Country)  
New York, New York

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
Adam Kaupp

13b. MOTHER'S MAIDEN NAME  
Unknown

14. NAME OF HUSBAND OR WIFE  
Gordon C. Peake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mary L. Peake-507 West 16th St.-K.C., Mo.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Branchial Cyst  
INTERVAL BETWEEN ONSET AND DEATH 2 days  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) arterio sclerosis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
4500

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1954 to Dec 12, 1954 that I last saw the deceased alive on Dec 12, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Daniel F. Hogan (Degree or title) MD

23b. ADDRESS 801 1/2 W 39th KC Mo

23c. DATE SIGNED 12-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE 12/15/54

24c. NAME OF CEMETERY OR CREMATORY  
Calvary Cemetery

24d. LOCATION (City, town, or county) (State)  
Kansas City, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
12-14-54 neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Mellody-McGilley-Eylar-Kansas City, Mo.

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

San Francisco  
Sept 22 1906  
100-500

---

---

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 *Malvin Bantman*

Licensed Embalmer No. *490*  
P. O. Address *K. C. H.*

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.