

STANDARD CERTIFICATE OF DEATH

State File No. 26329

FILED SEP 4 1956

BIRTH NO. 57112-56 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS	c. LENGTH OF STAY (In this place) 1 DAY	c. CITY OR TOWN EXCELSIOR SPRINGS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION EXCELSIOR SPRINGS HOSPITAL		STREET ADDRESS (If rural, give location) 210 S. KANSAS CITY AVE.	
3. NAME OF DECEASED a. (First) MICHAEL (Type or Print)		b. (Middle) WHITMER	c. (Last) PEOPLES
4. DATE OF DEATH (Month) (Day) (Year) JULY 25 1956	5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 7-24-56	9. AGE (In years last birthday) ✓	IF UNDER 1 YEAR Months ✓ Days 1	IF UNDER 4 HRS. Hours ✓ Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) EXCELSIOR SPRINGS, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ROBERT PEOPLES	13b. MOTHER'S MAIDEN NAME JUANITA OBERKROM
14. NAME OF HUSBAND OR WIFE NONE		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 ROBERT PEOPLES		ADDRESS 210 S. K.C. AVE EXCELSIOR SPRINGS, Mo.	

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)		Conjunctive Heart Disease			
ANTECEDENT CAUSES		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 checked="" type="checkbox"/>	
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)	7544	
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 **7/24**, 19**56**, to **7/25**, 19**56**, that I last saw the deceased alive on **7/24**, 19**56**, and that death occurred at **3:20 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED 7/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-25-56	24c. NAME OF CEMETERY OR CREMATOR KNOXVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) KNOXVILLE, Mo.		

DATE REC'D BY LOCAL REG. 8/30/56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Prichard Funeral Home, Inc.	ADDRESS Excelsior Springs, Missouri		
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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: *Louise Jarman*

Licensed Embalmer No. *4589*
Excelsior Springs, Mo.
P. O. Address

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.