

Health, Welfare  
Public  
Service

300  
1-56

Director, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED OCT 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **34423**

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Washington Twp</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Grandview</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Garner &amp; Grieves Roads</b>		Length of stay in lb <b>11 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>Garner &amp; Grieves Roads</b>

3. NAME OF DECEASED (Type or print) <b>Frank Marion Peck Sr</b>			4. DATE OF DEATH <b>10 - 8 - 56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 20, 1879</b>		9. AGE (In years last birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Iron Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Struct. Steel</b>	11. BIRTHPLACE (City and state or country) <b>Topeka, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13. FATHER'S NAME <b>Charles H. Peck</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth LaClair</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496 01 5012</b>	17. INFORMANT <b>Mrs. F.M. Peck, Route 1, Grandview, Mo.</b>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>		<b>10 years</b>
	DUE TO (c) <b>Arteriosclerotic Cardiovascular Dis</b>		<b>10 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Grandview, Mo.</b>	STATE
21. I attended the deceased from <b>6/27/56</b> to <b>10/8/56</b> and last saw <b>him</b> alive on <b>9/1/56</b> Death occurred at <b>3:15</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Young H. Clark</b>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>112th &amp; 71 Hiway, Hickman Mills, Mo.</b>	22c. DATE SIGNED <b>10-9-1956</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-11-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hickman Mills, Mo.</b>
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24. FUNERAL DIRECTOR <b>E.K. George &amp; Sons Inc</b>	ADDRESS <b>Grandview, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>10-9-1956</b>	26. REGISTRAR'S SIGNATURE <b>Sterling E. Gaddard</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

98.

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 *Stirling E. Goodard*  
.....

Licensed Embalmer No. *49*

P. O. Address *Grandville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.