

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13588
State File No.

FILED APR 19 1957

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Grain Valley		c. LENGTH OF STAY (in this place) 25ys		c. CITY OR TOWN Grain Valley	
d. FULL NAME OF HOSPITAL OR INSTITUTION City		e. STREET ADDRESS (If rural, give location) City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Harvey			b. (Middle) ÷			c. (Last) Peal			4. DATE OF DEATH (Month) (Day) (Year) April 2 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov 14 1877			9. AGE (In years last birthday) 79		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) Retired Farmer-O.A.P				10b. KIND OF BUSINESS OR INDUSTRY Farmer-O.A.P				11. BIRTHPLACE (City and State or Foreign Country) Warsaw MO			12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Peal Sam Surface		13b. MOTHER'S MAIDEN NAME Rebecca Elliott		14. NAME OF HUSBAND OR WIFE Magie- Deceased	
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 Robert Peal Blue Springs 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Senility + Arteriosclerosis					
		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 33ix				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)			
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 March 20, 1957, to April 2, 1957, that I last saw the deceased alive on April 2, 1957, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE James H. Via		(Degree or title) D.O.		23b. ADDRESS Blue Springs, Mo		23c. DATE SIGNED 4-3-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4-1957		24c. NAME OF CEMETERY OR CREMATORY Grain Valley		24d. LOCATION (City, town, or county) (State) Grain Valley Mo	

DATE REC'D BY LOCAL REG 4-8-1957		REGISTRAR'S SIGNATURE A. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1957

RECEIVED

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.....
R. B. Webb

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs*

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.