

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032914
STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4520

S. 300
1-57

All diseases in Part I must be causally related.

Everett B. Harris USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		Length of stay in lb 35 yrs.	d. STREET ADDRESS (If outside, give location) 1045 1/2 E. 5th.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Monroe Last Peavler			4. DATE OF DEATH Month 9 Day 23 Year 58		
5. SEX White	6. COLOR OR RACE male	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-30-1871	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 8 Days 1
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Watchman	11. BIRTHPLACE (City and state or country) North Salem Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lafe Peavler		13b. MOTHER'S MAIDEN NAME Martha Roads		14. NAME OF HUSBAND OR WIFE Mollie Peavler	
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. 490-16-5685-A	17. INFORMANT Address Cora Murrow 6431 E. 12th. Terr.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Depression of respiratory centers DUE TO (b) Massive intracerebral hemorrhage DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 33 1/4
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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		COUNTY	STATE
21. I attended the deceased from Sept 15, 1958 to Sept 23, 1958 and last saw her alive on Sept 23, 1958 Death occurred at 2:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Everett B. Harris, D.O.			22b. ADDRESS 5102 R. C. Mo		22c. DATE SIGNED 9-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-25-58	23c. NAME OF CEMETERY OR CREMATORY Burlingame Cemetery		23d. LOCATION (City, town, or country) (State) Burlingame Kansas.
24. FUNERAL DIRECTOR Sheil Funeral Home K. C. Missouri			25. DATE RECD. BY LOCAL REG. 9-24-58	26. REGISTRAR'S SIGNATURE Neva Marshall	



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 *Richard E. Carroll*

Licensed Embalmer No. *4819*

P. O. Address *K.C.M.*

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.