

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044330

STATE FILE NUMBER 5925

Health,  
Welfare  
Public  
Service

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57

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

**FILED JAN 5 1958**

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>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1223 Oakley</b>		d. STREET ADDRESS (If outside, give location) <b>1223 Oakley</b>	
Length of stay in lb <b>17 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle _____ Last <b>Peeler</b>			4. DATE OF DEATH Month <b>December</b> Day <b>14</b> Year <b>1958</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 12, 1881</b>
9. AGE (In years last birthday) <b>77</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Columbia, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James R. Marsh</b>	
13b. MOTHER'S MAIDEN NAME <b>Minnie Victor</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Peeler</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>none</b>	17. INFORMANT <b>James M. Peeler</b> Address <b>1223 Oakley K.C., 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>Coronary Artery Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Artery Arteriosclerosis</b>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			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>Kansas City</b> COUNTY <b>Jackson</b> STATE <b>Mo</b>
21. I attended the deceased from <b>Jan 1958</b> to <b>Dec 14, 1958</b> and last saw him alive on <b>Nov. 1958</b> Death occurred at <b>11:24 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>K. L. Shireman</b> (Dwight or title)		22b. ADDRESS <b>4606 1/2 Olive K.C. Mo</b>	22c. DATE SIGNED <b>12-15-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 17, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia, Missouri</b>
24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b> ADDRESS <b>4707 Truman Rd. K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-15-58</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshel</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

K. L. Shireman

All diseases in Part I must be causally related.

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 James W. Eap .....

Licensed Embalmer No. 4622 .....

P. O. Address H.C. Ma .....

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.