

JRI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011159

FILED VS MAR 28 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1450 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 3 wks	c. CITY OR TOWN Overland Park Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Little Sisters of the Poor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6700 W. 66th Terr Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Maudie Middle Dear Last Peabody			4. DATE OF DEATH Month MARCH Day 8 Year 1960		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MARR 26-1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) KANSAS CITY, Kan	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME JOHNSON DEAR	13b. MOTHER'S MAIDEN NAME HOUSE PAUL	14. NAME OF HUSBAND OR WIFE JOHN A. PEABODY
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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 Fred W. Dear 6700 W. 66th Terr Overland Park, Kan
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Thrombosis		4 days
DUE TO (b) Atherosclerosis		20 days
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2/29/60	20f. CITY, TOWN, OR LOCATION 3/8/60	COUNTY 3/7/60	STATE
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21. I attended the deceased from **2/29/60** to **3/8/60** and last saw her ^{her} alive on **3/7/60**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Joseph A. Fogarty (Type or title)	22b. ADDRESS 402 Northman Pk Kansas City Mo	22c. DATE SIGNED 3/9/60
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23a. FUNERAL, CREMATION, OR REMOVAL (Specify) Funeral	23b. DATE MAR-10-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem	23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS
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25. DATE RECD. BY LOCAL REG. 3-10-60	26. REGISTRAR'S SIGNATURE Reva Marshall
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Dates Funeral Home Kansas City, Kan 1901 Olive Blvd

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION Joseph A. Fogarty

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul H. Williams

Licensed Embalmer No. 5009

P. O. Address Overland

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