

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034936

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4811 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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		Length of stay in 1b 1 da	c. CITY OR TOWN Parkville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So of 40 Hghwy 100 yds E of Booth		Inside Limits	d. STREET ADDRESS (If outside, give location) R R 5 Box 569 E
3. NAME OF DECEASED (Type or print) First Charles Middle E Last Peed		4. DATE OF DEATH Month 9 Day 18 Year 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/19/1911
9. AGE (last birthday) 51		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Quickway Excv. Co	11. BIRTHPLACE (City and state or country) Fort Dodge, Iowa
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Charles J. Peed	
13b. MOTHER'S MAIDEN NAME Bertha Jane Corum		14. NAME OF HUSBAND OR WIFE Helen L. Peed	
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.	17. INFORMANT Address Mrs. Helen Peed R R 5, Parkville, Mo
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sticks + saw logs resulting from crushing injury of left side of chest due to multiple rib fractures, lacerations of left lung and rupture of spleen</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>apparently a tree limb fell on</i>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year 9-18-62	<i>him while operating a machine</i>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office bldg., etc.) <i>farm</i>	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson STATE MO
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Geo C Peed Jr Int Deputy Coroner</i>		22b. ADDRESS <i>6627 Park St E C Mo</i>	22c. DATE SIGNED 9-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/19/62	23c. NAME OF CEMETERY OR CREMATORY Willow Cemetery	23d. LOCATION (City, town, or county) (State) Scranton, Iowa
24. FUNERAL DIRECTOR Sheil Colonial Funeral Home K C Mo		25. DATE RECD. BY LOCAL REG. 9-19-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 John P. Smith

Licensed Embalmer No. 3625

P. O. Address K.C. Mo

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.