

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034937

4717 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4717

<b>FILED SEP 28 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Jackson</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jackson</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4933 Forest Avenue</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <b>4309 Gillham Road</b>	d. STREET ADDRESS (If outside, give location) <b>4309 Gillham Road</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last	
<b>LESLIE ANN PEEL</b>	
4. DATE OF DEATH Month Day Year	
<b>September 13 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/1/1961</b>
9. AGE (last birthday) <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>John Franklin Peel</b>	
13b. MOTHER'S MAIDEN NAME <b>Catherine Ann Lane</b>	
14. NAME OF HUSBAND OR WIFE <b>-</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>Catherine A. Peel, 4309 Gillham Rd. Kansas City, 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>Congestive Heart Failure</b>	
DUE TO (b) <b>Bronchial pneumonia</b>	
DUE TO (c) <b>Myocardial infarction &amp; systemic hypotension</b>	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year	
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 COUNTY STATE	
21. I attended the deceased from <b>Feb. 1962</b> to <b>9-12-62</b> and last saw her/him alive on <b>9-12-62</b> Death occurred at <b>6:40 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>J. M. Mauk, Jr. M.D.</b>	
22b. ADDRESS <b>14117 007 E. 47th St. ISC, Mo</b>	
22c. DATE SIGNED <b>9-14-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<b>Burial</b>	<b>Sept. 15, 1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kansas City, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>9-14-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF M. Mauk, Jr. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Received by Health

**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 Louis J. West

Licensed Embalmer No. 4096

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.