

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006896

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 616

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, MISSOURI		c. CITY OR TOWN RAYTOWN, MO.	
Length of stay in 1b 10 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		d. STREET ADDRESS (If outside, give location) 6723 Crisp.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First KENNETH Middle HAROLD Last PECK			4. DATE OF DEATH Month JAN. Day 27 Year 1963
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 2/2/11
9. AGE (last birthday) 51		IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROAD DRIVER		10b. KIND OF BUSINESS OR INDUSTRY ROAD DRIVER	11. BIRTHPLACE (City and state or country) CRESTON, IOWA
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Orphanage	
13b. MOTHER'S MAIDEN NAME Orphanage		14. NAME OF HUSBAND OR WIFE Blanche Peck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of) YES 7/31/43 to 10		16. SOCIAL SECURITY NO. 77	
17. INFORMANT VA HOSPITAL RECORDS		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Renal cell carcinoma metastatic to heart lungs and liver			
DUE TO (b) Post-operative status; right nephrectomy			
DUE TO (c) Renal cell carcinoma, right kidney			
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 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	COUNTY STATE
21. VA attended the deceased from 1/7/63 to 1/27/63 and last saw ^{her} him alive on 1/27/63 Death occurred at 9:35 PM 1/27/63 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. H. OWINGS, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 1-28-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-30-63	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem. Kansas City, Mo.
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. DATE RECD. BY LOCAL REG. 1-30-63	
24. FUNERAL DIRECTOR Hinton Funeral Home Raytown, Mo.		26. REGISTRAR'S SIGNATURE Keith Long	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Forest D. Goldman

Licensed Embalmer No. 4714

P. O. Address K. P. 1100.

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.

APR 14 3 17 PM '40

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