

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013484

STATE FILE NO. 2000

FILED MAY 13 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2000

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) Kansas City		c. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 920 East 78th St.		d. STREET ADDRESS 920 East 78th St.	
3. NAME OF DECEASED (Type or print) MABEL F. PECK		4. DATE OF DEATH Month April Day 21 Year 1959	
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 Feb. 2, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) At Home, Seamstress & Dress Maker		10b. KIND OF BUSINESS Self	
11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. W. McCall, Sr.		13b. MOTHER'S MAIDEN NAME Margaret Stone	
14. NAME OF HUSBAND OR WIFE Perry W. Peck		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 Edmond W. Peck, 307 W. 92th St. K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arterio-sclerotic Heart Disease - 5 yrs DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4.200		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
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 - a.m. - p.m. -		20d. INJURY OCCURRED WHILE AT <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 Kansas City	
20g. COUNTY Jackson		20h. STATE Mo.	
21. I attended the deceased from Death occurred at April 21-59 9:30 am to April 21-59 and last saw her alive on April 21-59 dying on April 21-59		22. SIGNATURE (Degree or title) Don Carlos Peete	
22b. ADDRESS 1500 Prof. Bldg		22c. DATE SIGNED 4-21-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-22-59	
23c. NAME OF CEMETERY OR CREMATORY Dorset Hill		23d. LOCATION (City, town, or county) Kansas City, Mo.	
24. FUNERAL DIRECTOR Freeman Mortuary		25. DATE RECD. BY LOCAL REG. 4-21-59	
26. REGISTRAR'S SIGNATURE Neva Marshall		27. ADDRESS K.C. Mo.	

Don Carlos Peete USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 E. J. ...

Licensed Embalmer No. 487
P. O. Address K. S. ...

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.