

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12748
Registrar's No. 1707

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1707	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 70 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 3216 E 31st	
3. NAME OF DECEASED (Type or Print) a. (First) MRS MANDANA K. b. (Middle) K. c. (Last) PECK				4. DATE OF DEATH (Month) (Day) (Year) 4 17 51			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID V		8. DATE OF BIRTH 1855	
9. AGE (In years last birthday) 96		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) NY STATE	
12. CITIZEN OF WHAT COUNTRY? U. S.							
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE unk.	
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'S SIGNATURE OR NAME ADDRESS MRS MAE HARRIES 3216 E 31st K.C.MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Starvation ANTECEDENT CAUSES General arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 45 ⁵⁰	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/15, 1951, to 4/16, 1951, that I last saw the deceased alive on 4/15, 1951, and that death occurred at 4 P. M., from the causes and on the date stated above.							
23a. SIGNATURE A. Saladino (Degree or title) M.D.				23b. ADDRESS 1240 Ogden		23c. DATE SIGNED 4/18/51	
24a. BURIAL CREMATION, REMOVAL (Specify) 0		24b. DATE 4-19-51		24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S CEM		24d. LOCATION (City, town, or county) (State) K.C. MO	
DATE REC'D BY LOCAL REG. 4-18-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBBETO'S		ADDRESS CITY	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No:.....

Signed

Russell N France

Licensed Embalmer No. *4255*

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 this body is not embalmed, fact should be so stated above.