

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42391

State File No. 5364

No. 300  
10.48

FILED DEC 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>3535 Wyandotte</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3535 Wyandotte</b>			

110  
3480

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Wade</b> c. (Last) <b>PEPPARD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 5, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>March 3, 1897</b>		9. AGE (In years last birthday) Months Days <b>74 25</b>		10. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco RR</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	

13a. FATHER'S NAME <b>Oliver C. Peppard</b>		13b. MOTHER'S MAIDEN NAME <b>Kate Debitt</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
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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>702-07-1271</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ida Peppard, 3535 Wyandotte, K.C., Mo.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Coronary Sclerosis</b>				<b>2 yrs -</b>	
		DUE TO (c) <b>Generalized Arteriosclerosis</b>				<b>3 yrs -</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		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) (Min.)		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 Aug 12, 1952 to 12/5, 1952, that I last saw the deceased alive on 12/5, 1952, and that death occurred at 10:15 AM from the causes and on the date stated above.

23a. SIGNATURE <b>James W. Downey M.D.</b>		23b. ADDRESS <b>800 Argyle Bldg, Kansas City, Mo.</b>		23c. DATE SIGNED <b>12/8/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-9-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>12-8-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, Kansas City, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. H. Conway  
Angeles City  
after 12:30 Mon

APR 29 1958

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 \_\_\_\_\_

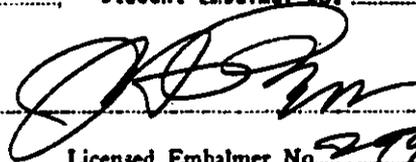
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. \_\_\_\_\_

2999  
EC

P. O. Address \_\_\_\_\_

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.