

No. 300  
10-48

10003

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

FILED JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1798

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5523</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Near Grain Valley</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3568	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on Highway #10</u>				d. STREET ADDRESS (If rural, give location) <u>3035 E. 31st St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Estill</u>			b. (Middle) <u>Lavern</u>		c. (Last) <u>Peel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 29, 1922</u>		9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel Comp.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Slater, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. H. Peel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Decker</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Peel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW 2</u>		16. SOCIAL SECURITY NO. <u>703 09 2801</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Peel, Kansas City, Mo.</u>			
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) <u>Fractured skull fracture</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bone cancer</u> DUE TO (c) <u>Crushed Chest</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy &amp; Dissection</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 1 mile west of Grain Valley</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Jackson Mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Jan. 20, 1953 1:10 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident Two Car Collision</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:10A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph H. Owens</u>				23b. ADDRESS <u>1094 Pauline Blvd</u>		23c. DATE SIGNED <u>1-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 21-53</u>		REGISTRAR'S SIGNATURE <u>D. B. Langford</u>		483-9		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Carson Independence, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

MAR 25 1953

APR 21 1953

FEB 2 1953

FEB 3 1953

**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 Richard P. Francis

Licensed Embalmer No. 4863

P. O. Address Indep. 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.