

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8357

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1049

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, write RURAL and give town) Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 20 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital 2#		e. STREET ADDRESS (If rural, give location) 2300 1/2 East 18th Street 3258	

3. NAME OF DECEASED (Type or Print) a. (First) Odessa	b. (Middle)	c. (Last) Peel	4. DATE OF DEATH (Month) 3 (Day) 1 (Year) 1955
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5. SEX female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 4, 1921	9. AGE (In years last birthday) 33	10. IF UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and State or Foreign Country) Seely, Texas	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME SY Austin	13b. MOTHER'S MAIDEN NAME Sarah Williams	14. NAME OF HUSBAND OR WIFE Millard Peel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No None	16. SOCIAL SECURITY NO. 500-28-5258	17. INFORMANT'S SIGNATURE AND ADDRESS Millard Peel - 2300 1/2 E. 18th
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH  634 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anesthetic		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 2-28-55	19b. MAJOR FINDINGS OF OPERATION Dilatation & curettage for Uterine functional bleeding.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-21-55, 19\_\_\_, to 3-1-55, 19\_\_\_, that I last saw the deceased alive on 3-1-55, 19\_\_\_, and that death occurred at Midnight, from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis	(Degree or title) D	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 3-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-11-55	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 3-8-55	REGISTRAR'S SIGNATURE neva minnabell	25. FUNERAL DIRECTOR'S SIGNATURE Brigham & Jones	ADDRESS 1822 Oak
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(Licensed Embalmer's Statement on Reverse Side)

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

*Blue Ridge Sewer*

*Dr. Brown*

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.....  
Licensed Embalmer No.....  
P. O. Address 2300 6  
150 Ma

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.