

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005989

STATE FILE NUMBER

FILED MAR 14 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 109

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Independence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Liberty Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. | | Length of stay in 1b 2 1/2 wks. | |
| | | d. STREET ADDRESS 210 Ridge (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) Gertrude Peck Dougherty First Middle Last | | | 4. DATE OF DEATH March 1 1958 Month Day Year | | |
| 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 Jan. 11 1873 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 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 (City and state or country) Kansas City, Mo. | |
| 13. FATHER'S NAME Dr. John W. Peck | | | 14. MOTHER'S MAIDEN NAME Alice Soistern | | |
| 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. None | | 17. INFORMANT Lewis B Dougherty Liberty Mo. Address | |

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|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia | | INTERVAL BETWEEN ONSET AND DEATH 7 days one yr one yr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Generalized Carcinomatosis | |
| | DUE TO (c) Carcinoma of Breast | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Arteriosclerotic Heart Disease | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

| | | |
|---|--|---|
| 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.) 170 X | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE |

| | | |
|---|-----------------------------------|-----------------------------------|
| 21. I attended the deceased from 2-12-58 to 3-1-58 and last saw her her alive on 3-1-58 Death occurred at 8:27 pm. m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE William L. Cox MD (Degree or title) | 22b. ADDRESS Liberty Mo | 22c. DATE SIGNED 3/2/58 |

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|---|---------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Mar. 3 1958 | 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery | 23d. LOCATION (City, town, or county) (State) Liberty, Mo. |
| 24. FUNERAL DIRECTOR Tyler-Pasley Funeral Home Liberty, Mo. Edw. Conley | | 25. DATE RECD. BY LOCAL REG. 3-3-58 | 26. REGISTRAR'S SIGNATURE Jamaal Gray |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Vertical text on the left edge of the page, partially cut off.

MAR 12 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *Charles F. Tyler*

Licensed Embalmer No. *4*

P. O. Address *Spencer*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.