

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047161  
STATE FILE NUMBER  
6162

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6162

FILED JAN 19 1959

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, give TOWNSHIP only) <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		Length of stay in 1b <u>51 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>4212 EAST 62ND STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FANNIE A. PEELE</u>		4. DATE OF DEATH Month Day Year <u>DEC. 25, 1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 22, 1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HORSEWIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	9c. AGE (In years last birthday) Months Days Hours Min. <u>72</u>
10a. FATHER'S NAME <u>WILLIAM MARCHAM</u>		10b. MOTHER'S MAIDEN NAME <u>SARAH BARON</u>	10c. NAME OF HUSBAND OR WIFE <u>ELVIN B. PEELE</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12. SOCIAL SECURITY NO. <u>NONE</u>	13. INFORMANT <u>MR. ELVIN B. PEELE - KANSAS CITY, MISSOURI</u> Address <u>4212 E. 62ND ST.</u>
14. CAUSE OF DEATH (Enter only one cause and time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DEATH</u> <u>Meningioma of left parietal lobe GMD</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2237</u>
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.)	
20c. TIME OF INJURY Hour—Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>1950</u> to <u>12-25-58</u> and last saw her alive on <u>12-24-58</u> Death occurred at <u>12:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <u>D. W. Newcomer, M.D.</u>		22b. ADDRESS <u>1021 E 75, K.C. MO.</u>	22c. DATE SIGNED <u>12-26-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 27, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	23d. LOCATION (City, town, or county) (Street) <u>KANSAS CITY, MISSOURI</u>
24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS - KANSAS CITY, MO</u> ADDRESS <u>1331 BRUSH CREEK</u>		25. DATE RECD. BY LOCAL REG. <u>12-27-58</u>	26. REGISTRAR'S SIGNATURE <u>new marshall</u>

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
H. R. Lyddon, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7th. 8428

**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 *Basel P. Henry* .....

Licensed Embalmer No. *4724* .....  
P. O. Address *2nd St. N. W.* .....

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.