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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013709
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 92

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural Prairie — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Kansas City 3528 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jackson Co. Hosp. — Length of stay in 1b 10 mo.	d. STREET ADDRESS (If outside, give location) 3433 Paseo — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Nora Middle Christine Last Peabody		4. DATE OF DEATH Month Day Year April 8, 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH Mar. 15, 1875
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Quincy, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Herman Woerman	13b. MOTHER'S MAIDEN NAME Charlotte Seifert	14. NAME OF HUSBAND OR ~~WIFE~~ Fred Peabody	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Marguerite Bundy Address 1409 E 35th St Kansas City Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arterio Sclerotic Heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arterio Sclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6/6/58, to 4/8/69 and last saw her/him alive on 4/8/59

Death occurred at 9:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip Laper M.D.	22b. ADDRESS Rees Summit, Mo	22c. DATE SIGNED 4/8/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 10 1959	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) Springfield (State) Missouri		
24. FUNERAL DIRECTOR J.W. Nerocomers Sons	ADDRESS R.C. Mo.	25. DATE RECD. BY LOCAL REG. 4/9/59
26. REGISTRAR'S SIGNATURE M B Langsford		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 30 1959

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 C. O. Nesleson

Licensed Embalmer No. 4421

P. O. Address Kansas City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.