

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016552

STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 100

300
-57
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center		c. CITY OR TOWN Kansas City 3588	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada R.R.		d. STREET ADDRESS (If outside, give location) 3911 Spruce	
3. NAME OF DECEASED (Type or print) First Middle Last Bobby Joe Peel		4. DATE OF DEATH Month Day Year 4 26 59	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3/18/1938
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (City and state or country) Freeman, Mo.
13a. FATHER'S NAME Raymond Peel		13b. MOTHER'S MAIDEN NAME Stella Duncan	14. NAME OF HUSBAND OR WIFE Ida E. Peel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Raymond Peel. Kansas City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation in water DUE TO (b) (Drowned) P50X DUE TO (c) 42 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 1-3 min
20a. ACCIDENT <input checked="" 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.) Sail boat turned over in lake	
20c. TIME OF INJURY Hour Month, Day, Year 9:00 a.m. 4-26-59		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Katy Island Lake		20f. CITY, TOWN, OR LOCATION Nevada	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		COUNTY STATE Vernon Mo.	
22a. SIGNATURE <i>Richard L. Shorten</i> (Degree or title) 3		22b. ADDRESS Nevada - Mo.	
22c. DATE SIGNED 4-26-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-28-59	
23c. NAME OF CEMETERY OR CREMATORY Freeman, Cem.		23d. LOCATION (City, town, or county) (State) Freeman, Mo.	
24. FUNERAL DIRECTOR Richard L. Shorten, Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 4-29-1959	
		26. REGISTRAR'S SIGNATURE <i>Anna J. Perry</i>	

VS MAY 23 1960

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 *Lloyd C. McLeod*

Licensed Embalmer No. 4853
P. O. Address Florida, 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.