

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1379

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>PRAIRIE VILLAGE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKES, HOSt. 2 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>2905 W 72<sup>ND</sup> ST</u>	

3. NAME OF DECEASED (Type or print) First <u>MARIAN</u> Middle <u>S.</u> Last <u>PELOT</u>			4. DATE OF DEATH Month <u>JANUARY</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCTOBER 16, 1898</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>BLACKBURN, MISSOURI</u>	
13. FATHER'S NAME <u>MANLIUS P. SUGGETT</u>			14. MOTHER'S MAIDEN NAME <u>JENNIE HOPKINS</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>511-28-9880</u>		17. INFORMANT <u>FRANKL. PELOT JR.</u> Address <u>2905 WEST 72<sup>ND</sup> ST. PRAIRIE VILLAGE, KAN.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) metastatic Carcinoma (adeno) of bone, Liver, Perigortic & mediastinal Nodes 6 Mos.  
DUE TO (b) Adenocarcinoma of Rt. Breast 9 Mos.  
DUE TO (c) Adenocarcinoma of Lung 2 Yrs.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Rheumatic Heart disease - Mitral Stenosis  
19. WAS AUTOPSY PERFORMED? YES  NO

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 10:56 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 Sept. 1956 to 13 Jan 58 and last saw her alive on 12 Jan 58  
Death occurred at 2:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip G. Kaul MD 22b. ADDRESS 411 Nichols Road 22c. DATE SIGNED 13 Jan 58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JAN. 14, 1958 23c. NAME OF CEMETERY OR CREMATORY - 23d. LOCATION (City, town, or county) (State) MARSHALL MISSOURI

24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 1331 BROWN CREEK KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 1-14-58 26. REGISTRAR'S SIGNATURE neva minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Philip G. Kaul



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 *James W. Thomas*.....

Licensed Embalmer No. *488*

P. O. Address *H.C. 77*

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.