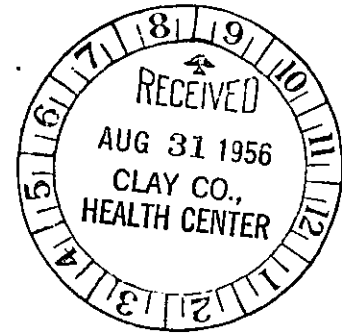


STANDARD CERTIFICATE OF DEATH

State File No. **26329**FILED SEP 4 1956
BIRTH NO. **57112-56** REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
D. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS		c. LENGTH OF STAY (In this place) 1 DAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION EXCELSIOR SPRINGS HOSPITAL		c. CITY OR TOWN EXCELSIOR SPRINGS d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) WHITMER c. (Last) PEOPLES		4. DATE OF DEATH (Month) (Day) (Year) JULY 25 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 7-24-56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) <input checked="" type="checkbox"/> IF UNDER 1 YEAR Months <input checked="" type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11. BIRTHPLACE (City and State or Foreign Country) EXCELSIOR SPRINGS, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ROBERT PEOPLES		13b. MOTHER'S MAIDEN NAME JUANITA OBERKROM	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ROBERT PEOPLES ADDRESS 210 S. W.C. AVE EXCELSIOR SPRINGS, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7544	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/24 , 19 56 , to 7/25 , 19 56 , that I last saw the deceased alive on 7/24 , 19 56 , and that death occurred at 3:20 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Deputy or title) [Signature]		23b. ADDRESS [Signature]	
23c. DATE SIGNED 7/25/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-25-56	
24c. NAME OF CEMETERY OR CREMATORY KNOXVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) KNOXVILLE, Mo.	
DATE REC'D BY LOCAL REG. 8/30/56		REGISTRAR'S SIGNATURE Caroline Hutchings	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *Louise Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.