

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1379

108

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 7 1/2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atherton					
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Cynthia Lee			a. (First)		b. (Middle)		c. (Last) Perry.		
4. DATE OF DEATH		(Month) (Day) (Year)		Jan 7 1949					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Aug 24 1949			
9. AGE (In years last birthday) 1		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) none			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTH PLACE (State or foreign country) Jackson Co. Hospital MO.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Robert Perry		13b. MOTHER'S MAIDEN NAME Mary Tarr		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Perry, Atherton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pathologist Report: ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary edema and DUE TO (c) Broncho pneumonia, Sub dural II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hematoma Fatty Metamorphosis						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Liver 581.0						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 Jan 6, 1949, to Jan 7, 1949, that I last saw the deceased alive on Jan 7, 1949, and that death occurred at 3 A. M., from the causes and on the date stated above.									
23a. SIGNATURE E. E. H. Schmidt (Degree or title)				23b. ADDRESS St Lukes Hospital		23c. DATE SIGNED Jan 7-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-10-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Kan.			
DATE REC'D BY LOCAL REG 1-10-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FORENSIC DIRECTOR'S SIGNATURE ADDRESS B. E. Walcutt: 2332 Monte Place.					

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
0. 4848
8

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
Student Embalmer

Signed _____

Blaine E. Weisheit

Licensed Embalmer No. _____

4075

P. O. Address _____

K.C. 8, 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 this body is not embalmed, fact should be so stated above.