

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 43770

5525

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1949</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1106 Monroe Avenue</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>		b. (Middle) <u>S.</u>	c. (Last) <u>Peironnet</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 6, 1898</u>	9. AGE (In years last birthday) <u>51 yrs</u>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY-TREASURER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STAGNER-PIERONNET WOLFE LITE STOCK CO.</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>REESE R. PEIRONNET</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE E. FISHER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. PHOEBE MILDRED PEIRONNET</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLDWAR I</u>		16. SOCIAL SECURITY NO. <u>499-14-3373</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PHOEBE MILDRED PEIRONNET</u>		
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) <u>Hemorrhagic Karyngo-Tracheo &amp; Bronchitis, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>50+</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
19a. DATE OF OPERATION <u>30 Dec. 49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Karyngeal obstruction, acute</u>				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)	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 <u>30 Dec.</u> , 19 <u>49</u> , to <u>31 Dec.</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>31 Dec.</u> , 19 <u>49</u> , and that death occurred at <u>2:50 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Fred H. Lundgren Jr.</u>		23b. ADDRESS <u>411 Alameda Rd.</u>		23c. DATE SIGNED <u>12-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 3. 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT WASHINGTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG <u>12-31-49</u>	REGISTRAR'S SIGNATURE <u>Gertrude Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer's Sons</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1950

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 Robert Ray

Licensed Embalmer No. 4182

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