

S. No. 300  
V. 10.48

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4161  
770

0248  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <del>Missouri</del> <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>10 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>4428 N. Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dundee Hills 4428 N. Walnut</u>			
3. NAME OF DECEASED a. (First) <u>Corella</u> (Type or Print)		b. (Middle) <u>Goodspeed</u>	
		c. (Last) <u>Perry</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>17 May 1864</u>
9. AGE (In years last birthday) <u>86</u>	10. MONTHS <u>7</u>	11. DAYS <u>2</u>	12. IF CHECKED IN REG. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homebear</u>	11. BIRTHPLACE (State or foreign country) <u>Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ansel Goodspeed</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ballard</u>	14. NAME OF HUSBAND OR WIFE <u>Herbert A. Perry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R.E. Porter</u> ADDRESS <u>NKC.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the stomach (pyloric)</u> - 2 yrs. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 <u>about Aug 1950</u> , to <u>Feb 29 1951</u> ; that I last saw the deceased alive on <u>Feb 18 1951</u> , and that death occurred at <u>3 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>I. Charles Fowler MD</u> (Degree or title)		23b. ADDRESS <u>2025 Swift - No. Kan. City, Mo.</u>	23c. DATE SIGNED <u>2/19/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>20 Feb 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-19-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home</u> ADDRESS <u>NKC</u>	

MAR 10 1958

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Harold L. Pearson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3605

P. O. Address.....

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.