

FILED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 28223
 3743

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>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write BURIAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write BURIAL and give township) <u>Kansas</u>	
c. LENGTH OF STAY (In this place) <u>46 yrs</u>		3108 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2602 Smart</u>		d. STREET ADDRESS (If rural, give location) <u>2602 Smart</u>	

3. NAME OF DECEASED (Type or Print)
 a. (First) SAM b. (Middle) PERSELL c. (Last) _____
 4. DATE OF DEATH (Month) (Day) (Year) Aug 21, 1952

5. SEX M 6. COLOR OR RACE wh. 7. MARRIED, NEVER MARRIED, UNWIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct 10, 1905 9. AGE (In years last birthday) 46 10. IF UNDER 1 YEAR Months Days 11. IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Contractor 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State and Foreign Country) Kansas City MO USA 12. CITIZENSHIP OF WHAT COUNTRY _____

13a. FATHER'S NAME Wesley Persell 13b. MOTHER'S MAIDEN NAME Frances Zume Hillier Persell 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 495-09-3521 17. INFORMANT'S SIGNATURE OR NAME Hellie Persell ADDRESS 2602 Smart

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) General + Cardiac Debility 1 month
 DUE TO (c) Hypertrophome 15 months
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
180X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 15, 1951, to Aug 21, 1952, that I last saw the deceased alive on Aug 20, 1952, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart MD (Degree or title) 23b. ADDRESS 6305 Brookside Plaza K.C. Mo. 23c. DATE SIGNED 8-21-52

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 24b. DATE Aug 23, 1952 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. 24d. LOCATION (City, town, or county) (State) Kansas City MO

DATE REC'D BY LOCAL REG. 8-22-52 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Pasquino Bros ADDRESS K.C. MO

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *G. S. Walton*

Licensed Embalmer, No. *2744*

P. O. Address *K.C. 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.