300
48

FILED NOV 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35372

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL WASHINGTON
c. LENGTH OF STAY (in this place): 5 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 135th PARKER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL WASHINGTON 0480
d. STREET ADDRESS (If rural, give location): 135th & PARKER

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): LAND
c. (Last): PERCIVAL

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 52

5. SEX: FE
6. COLOR OR RACE: WH
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 4-27-87
9. AGE (In years last birthday): 65 — 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): TELEPHONE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: TELEPHONE
11. BIRTHPLACE (State or foreign country): BLOOMINGTON ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JASPER LAND
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: ORR PERCIVAL

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.: 503-01-7411
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Kenneth Armfield — ADDRESS: Grandview 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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ✓
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Grandview Jackson MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
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* Oct 3, 1952, *to* Oct 14, 1952, *that I last saw the deceased alive on* Oct 13, 1952, *and that death occurred at* 2:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Gilliland MD
23b. ADDRESS: 6232 Troost Kcmo.
23c. DATE SIGNED: 10-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial D
24b. DATE: 10/17/52
24c. NAME OF CEMETERY OR CREMATORY: Mt Moriah
24d. LOCATION (City, town, or county) (State): Hickman Mills Mo

DATE REC'D BY LOCAL REG.: 10/15/52
REGISTRAR'S SIGNATURE: Dr. Annie G. Hedges 136
25. FUNERAL DIRECTOR'S SIGNATURE: E K George & Sons Inc — ADDRESS: Grandview Mo.

(Licensed Embalmer's Statement on Reverse Side) 12, SEG.

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. K. Scott

Licensed Embalmer No. 3645

P. O. Address Brunswick, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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