

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13597

State File No. _____

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1749

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY NORTH</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY NORTH</u>	
c. LENGTH OF STAY (in this place) <u>2 3 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>5020 N. Chelsea</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5020 N. Chelsea</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>MYRTLE</u> c. (Last) <u>PERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 27 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 22 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MINUTES <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gallatin, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Manuel</u>	13b. MOTHER'S MAIDEN NAME <u>Rhoda J. Stanford</u>	14. NAME OF HUSBAND OR WIFE <u>Dolliver J. Perry</u>
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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>Dolliver J. Perry</u>	ADDRESS <u>K.C. 16, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>451X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemopericardium</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dissecting Aortic Aneurysm</u> DUE TO (c) <u>(Clinical Hypertension)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack H. Hill MD</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>300 W. 10th St. K.C. Mo</u>	23c. DATE SIGNED <u>28 Mar 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-30-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Newcomer's North K.C. Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

5008

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.

Signed:

John W. Kalibek
Student Embalmer

Signed

Student Embalmer No... *483*.....
Glenn H. Hill

Licensed Embalmer No... *4586*.....

P. O. Address... *N. C. 16, 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.