

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5007

State File No.

FILED MAR 4 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 669

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 18 yrs.		d. STREET ADDRESS (If rural, give location) 2322 College	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2322 College			

3. NAME OF DECEASED (Type or Print) a. (First) Doris b. (Middle) Marie c. (Last) Perry			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1954		
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH June 2, 1907	9. AGE (in years last birthday) 46	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Government	11. BIRTHPLACE (State or foreign country) Sioux City, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Calvin Johnson		13b. MOTHER'S MAIDEN NAME Mary Thompson		14. NAME OF HUSBAND OR WIFE Nathaniel Perry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-03-5321		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Ward, 2322 College	

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) Coronary Occlusion			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) Arteriosclerosis			15 yrs
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201
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 Jan 7, 1952 to Feb 9, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 8:00 Am., from the causes and on the date stated above.

23a. SIGNATURE Ronald S. Ferguson M.D.		23b. ADDRESS 2120 East 16th St. KC.		23c. DATE SIGNED 2-10-54	
24a. BURIAL, CREMATION, REMOVAL	24b. DATE 2/14/54	24c. NAME OF CEMETERY OR CREMATORY Logan Park Cemetery	24d. LOCATION (City, town, or county) (State) Sioux City, Iowa		

DATE REC'D BY LOCAL REG. 2-11-54	REGISTRAR'S SIGNATURE Scaldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vine West, Appleton & Jones, Inc., 1905/	
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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

Licensed Embalmer No. 4974

P. O. Address 1905 Nine St

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.