

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37540
5164

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

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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 61 YEARS	c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2431 QUINCY AVENUE					
e. STREET ADDRESS 619 WEST 12th STREET					

3. NAME OF DECEASED (Type or Print) a. (First) OLIVER b. (Middle) HARLAND c. (Last) PERRY			4. DATE OF DEATH NOVEMBER 5, 1954		
5. SEX ♂	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 31, 1865		9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of last 5 years) BARBER 5 YEARS		10b. KIND OF BUSINESS OR INDUSTRY UNION STATION	11. BIRTHPLACE (City and State or Foreign Country) CENTERVILLE, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME OLIVER H. PERRY		13b. MOTHER'S MAIDEN NAME SARAH GOLDSBERRY		14. NAME OF HUSBAND OR WIFE OLIVE MAUDE PERRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-26-0203		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. E.C. WINDISCH-KANSAS CITY, MISSOURI	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility (age 88)			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiospasm - Malnutrition			5390
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) (Min)		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 **Aug 16, 1954** to **Nov 5, 1954**, that I last saw the deceased alive on **Nov 5, 1954**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph Perry (Degree or title) 0		23b. ADDRESS 4800 East 24		23c. DATE SIGNED 6 Nov 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		
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DATE REC'D BY LOCAL REG. 11-8-54		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS N.F. Newcomb's Sons - KANSAS CITY, MISSOURI	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5949

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..... Signature of Student Embalmer

Signed *Richard L. Wagner*

Licensed Embalmer No. 495

P. O. Address *7th 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.