

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41151**

Registrar's No. **5529**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 5529	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>2319 Vine st. 341 1/2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2319 Vine st.</u>				d. STREET ADDRESS (If rural, give location) <u>2319 Vine st. 341 1/2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ordeen</u>		b. (Middle) <u>F</u>		c. (Last) <u>Perry</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Nov 7 - 1911</u>		9. AGE (In years last birthday) <u>43</u>		10. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gallsville, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Thos Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret O'Brient</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>511-22-4092</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>Cordia C Perry 2319 Vine st.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				<u>4 Days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>1948</u>	
		DUE TO (b) <u>(Carcinoma of the cervix)</u>					
		DUE TO (c) <u>General metastasis</u>					
		II. OTHER SIGNIFICANT CONDITIONS				<u>171X</u>	
		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 type="checkbox"/> NO <input 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 <u>Sept. 15, 1954</u> to <u>Nov. 30, 1954</u> , that I last saw the deceased alive on <u>Nov. 30, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Emmett F. Walls</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>2628 Troost</u>		23c. DATE SIGNED <u>11-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Dec 4 - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Higginshall, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Higginshall, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-1-54</u>		REGISTRAR'S SIGNATURE <u>newman</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Shaham Perry 230th st</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Miss

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 *Rev. B. L. Graham*

Licensed Embalmer No. *25740*

P. O. Address *2304 Walnut*

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.