

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26404

BIRTH NO. 8919 50281-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3611

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>14 day</u>		STREET ADDRESS (If rural, give location) <u>5415 Norton</u> <u>3150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolyn Sue</u> b. (Middle) <u>Perkey</u> c. (Last) <u>Perkey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-55</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED) <u>D</u>	8. DATE OF BIRTH <u>Aug. 2, 1955</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR <u>14</u> Months	IF UNDER 24 HRS. <u>14</u> Hours	IF UNDER 1 MIN. <u>14</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>3</u> <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Herbert Eugene Perkey</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Frances Agan</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert E. Perkey, 5415 Norton</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>7630</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration pneumonia</u>		
	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. <u>Prematurity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Aug 2, 1955, to Aug 16, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 11:03 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond B. Anderson M.D.</u> (Degree or title)	23b. ADDRESS <u>Kansas City Mo</u>	23c. DATE SIGNED <u>8/16/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Vernon Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-16-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Freeman &amp; Hartway 3 E 4th</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

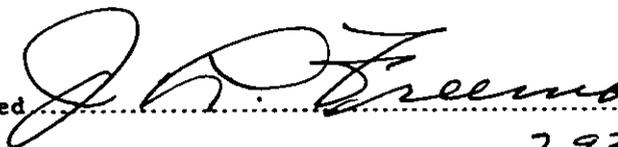
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 293

P. O. Address F. O. 4

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.