

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4589**

No. 300  
10-48

FILED FEB 17 1956

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>357</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>6 weeks</b>		c. CITY OR TOWN <b>Hopkins</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>0741</b>			
3. NAME OF DECEASED (Type or Print) <b>McBEN</b>		a. (First)		b. (Middle) <b>PERKINS</b>		c. (Last) <b>BAILEY</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>1 24 56</b>		5. SEX <b>Ma</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>7-17-1880</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Daysville, Ky.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>McBen Bailey</b>		13b. MOTHER'S MAIDEN NAME <b>No Record</b>		14. NAME OF HUSBAND OR WIFE <b>XX</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>XX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Geo. E. Lenington, 3535 Penn. KC Mo.</b>			
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) <b>Acute Cardiac Dehiscence</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>Myocardial Fibrosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b> <b>2 yrs.</b> <b>2 yrs</b> <b>4 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (m.)		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 <b>Jan 20</b> , 19 <b>56</b> , to <b>Jan 24</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Jan 24</b> , 19 <b>56</b> , and that death occurred at <b>11:00 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John M. Powers M.D.</b>				23b. ADDRESS <b>3304 Linwood</b>		23c. DATE SIGNED <b>1/25/56</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>1-28-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hopkins, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-26-56</b>		REGISTRAR'S SIGNATURE <b>Irva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wagner Funeral Home. K C Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

MA 4-9244

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 *Alvin R. Hausch*

Licensed Embalmer No. *419*

P. O. Address *H. C. 2*

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.