

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9264**
1195

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 65 yrs		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 General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 2425 College 3379 0				
3. NAME OF DECEASED (Type or Print)		a. (First) Edward		b. (Middle) Allen		c. (Last) Perry		
4. DATE OF DEATH		(Month) 3		(Day) 15		(Year) 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 4, 1884		
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Park Dept.			11. BIRTHPLACE (City and State or Foreign Country) Independence Kansas		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Martin VanBuran Perry		13b. MOTHER'S MAIDEN NAME Martha Raynes <i>no record</i>		14. NAME OF HUSBAND OR WIFE No Record <i>Martha</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 486-05-0523		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida May Bartlett 1019 W 27th St.				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
DUE TO (b) Cardiac hypertrophy and dilatation								
DUE TO (c) Pulmonary thrombosis								
II. OTHER SIGNIFICANT CONDITIONS								
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 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)		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 March 9, 1956 , to March 15, 1956 , that I last saw the deceased alive on March 15, 1956 , and that death occurred at 4:13P m. , from the causes and on the date stated above.								
23a. SIGNATURE B.I. Burns (Degree or title) <i>B.I. Burns, M.D.</i>				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 3-16-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 3-17-56		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home K.C. Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. *Thomas A. Sheil*

Licensed Embalmer No. *H. 9. 0*

P. O. Address *N. C. 17*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.