

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38194**
4906

FILED NOV 28 1956

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 Mo. 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) 20 yrs CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Osteopathic Hosp. e. STREET ADDRESS (If rural, give location) 418 South Hardesty

3. NAME OF DECEASED (Type or Print)
a. (First) Colena b. (Middle) _____ c. (Last) Perry 4. DATE OF DEATH (Month) (Day) (Year) Nov. 12th 1956

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 8. DATE OF BIRTH Jan. 12-1881 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 75 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY ---- 11. BIRTHPLACE (City and State or Foreign Country) Chariton, Iowa 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Oliver Lindsay 13b. MOTHER'S MAIDEN NAME Ella Stewart 14. NAME OF HUSBAND OR WIFE Walter Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard H. Perry-Raytown, Mo.

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) Hodgkins Disease INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c) none
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 15, 1954, to Nov 12, 1956 that I last saw the deceased alive on Nov 9, 1956, and that death occurred at 3:42 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Frank E. Day D.O. 23b. ADDRESS 4314 E 9th. K.C. Mo. 23c. DATE SIGNED 11-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 11/14/56 24c. NAME OF CEMETERY OR CREMATORY Floral Hills 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 11-13-56 REGISTRAR'S SIGNATURE neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harp & Sons Funeral Home K.C., Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank E. Day

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.....

James W. Camp

Licensed Embalmer No. 462

P. O. Address *W. O. Me*

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.