

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1957

File No. 28425

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 373

| | | | |
|---|----------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | | c. LENGTH OF STAY (in this place) 10 days | d. CITY OR TOWN Blue Springs |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence San & Hospital | | e. STREET ADDRESS (If rural, give location) City North 15 St | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED a. (First) Eddie b. (Middle) S c. (Last) Perry | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 24 1957 |
| 5. SEX fm | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH April 24 1870 |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Ky |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Edward Reid | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 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. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Hurst Shrout | | ADDRESS Grain Valley Mo | |

| | | | | |
|---|--|---|--|---|
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerotic heart dis | | INTERVAL BETWEEN ONSET AND DEATH 6 yrs |
| 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. | | _____ | | |

| | | | |
|---|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) _____ | 420.0 |
| 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 1934, to August 23, 1957, that I last saw the deceased alive on 8-23, 1957, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

| | | | | |
|--|--|---|--|---------------------------------|
| 23a. SIGNATURE (Degree or title) J. W. Wilburn MD | | 23b. ADDRESS Webb Home Mo | | 23c. DATE SIGNED 8-24-57 |
| 24a. BURIAL, CREMATION, REQUIVAL (Specify) Burial | 24b. DATE 8-26-957 | 24c. NAME OF CEMETERY OR CREMATORY Blue Springs | 24d. LOCATION (City, town, or county) (State) Blue Springs Mo | |
| DATE REC'D BY LOCAL REG. 8-26-57 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MS MAY 28 1959

AUG 7 1958

OCT 4 1957

AUG 28 1957

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: *R B Webb*

Licensed Embalmer No. *235*

P. O. Address *Blair Spr*

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.