

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36064**  
**4783**

BIRTH NO. <b>b</b>		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>4783</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>1 hr 5 min</b>	c. CITY OR TOWN <b>Kansas City</b>	d. In 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 <b>St. Joseph's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>620 Blue Ridge</b>			
3. NAME OF DECEASED a. (First) <b>Infant</b> b. (Middle) <b>Perfater</b> c. (Last) <b>Perfater</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-12-57</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>10-12-57</b>		
9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>5</b>	IF UNDER 14 Hrs. Hours <b>1</b> Min. <b>5</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City - Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Alfred Lee Perfater</b>			
13b. MOTHER'S MAIDEN NAME <b>Julia Ann Murphy</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. ALFRED L. PERFATER</b> ADDRESS <b>620 Blue Ridge</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>  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. <b>7767</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 hours</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)	
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?	
22. I hereby certify that I attended the deceased from <b>10-12-1957</b> , to <b>10-12-1957</b> , that I last saw the deceased alive on <b>10-12-1957</b> , and that death occurred at <b>11:25 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>David J. Elias MD</b>		23b. ADDRESS <b>9109 E. New 40 Hwy.</b>		23c. DATE SIGNED <b>10-14-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10-16-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT Washington</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sheil Funeral Home</b> ADDRESS <b>K.C. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>10-16-57</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 David J. Elias



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.....  
*Thomas A. Smith*

Licensed Embalmer No. 4954

P. O. Address K.C. Mo

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.