

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014390

STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1743

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3740 Bellfountain</u>		Length of stay in lb <u>15 YRS.</u>	d. STREET ADDRESS (If outside, give location) <u>3740 Bellfountain</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Le Roy</u> Middle <u>Perdue</u> Last <u>Perdue</u>			4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1958</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 3, 1905</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>32</u>	IF UNDER 24 HRS. Hours <u>53</u> Min. <u>52</u>
--------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement finisher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Bronaugh, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>CRAYTON Perdue</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Reed</u>	14. NAME OF HUSBAND OR WIFE <u>MYRTLE M. Perdue</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-16-7876</u>	17. INFORMANT <u>Myrtle M. Perdue</u> Address <u>3740 Bellfountain</u>
--	---	--

18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>42.00</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour <u>          </u> Month, Day, Year a.m. <u>          </u> p.m. <u>          </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY <u>          </u> STATE <u>          </u>
---	--	--	--

21. I attended the deceased from           , to            and last saw <sup>her</sup>him            alive on             
Death occurred at            m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>	22b. ADDRESS <u>1034 Pratt Bldg</u>	22c. DATE SIGNED <u>4-4-58</u>
---	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 5, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>6800 Troost</u>	25. DATE REC'D. BY LOCAL REG. <u>4-4-58</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>
---	--	---

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

MAR 17 1959

127

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 *K. P. Nichols* .....

Licensed Embalmer No. *4997* .....

P. O. Address *K. P. Nichols* .....

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.