

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029934

STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 280 Primary Registration District No. 4417 Registrar's No. 67

S. 300
v. 1-57
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRACY Fair		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN TRACY 0830
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 5 YRS.	d. STREET ADDRESS (If outside, give location) —
3. NAME OF DECEASED (Type or print) First ALVIN Middle S. Last PERRY			4. DATE OF DEATH Month AUG. Day 27 Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 1, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT T. OPR.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
11. BIRTHPLACE (City and state or country) WASHINGTON, D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE —
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. 4200	17. INFORMANT JOE GOODIN, PLATTE CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary artery occlusion DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the principal disease condition given in PART I (a) As a result of			INTERVAL BETWEEN ONSET AND DEATH 5 Mon years years
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 — Month — Day — Year — a.m. — p.m. —		20d. INJURY OCCURRED WHILE AT <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 STATE	
21. I attended the deceased from 1947 to Aug 27, 1958 and last saw her alive on Aug 27, 1958 Death occurred at 11:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. S. Schumacher (Degree or title)		22b. ADDRESS Platte City, Mo.	
22c. DATE SIGNED 8/29/58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 29, 1958	23c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEM.	23d. LOCATION (City, town, or county) (State) PLATTE CITY, MO.
24. FUNERAL DIRECTOR ROLLINS & MITCHELL, PLATTE CITY, MO.		25. DATE RECD. BY LOCAL REG. Aug 29, 58	26. REGISTRAR'S SIGNATURE Uphiea Rollins

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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 *Roland M. Giff*

Licensed Embalmer No. *4725*
P. O. Address *Patte City, 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.