

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033196

STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 211

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Greenwood 70000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp.		Length of stay in lb 6 Weeks	d. STREET ADDRESS (If outside, give location) N.W. Part of Town		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nora — Perdue			4. DATE OF DEATH Month Day Year Oct. 7 - 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 10 - 1889	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 68 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cass County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James E. Daley		13b. MOTHER'S MAIDEN NAME Nancy Ellen Aldrich		14. NAME OF HUSBAND OR WIFE XXXXXXX	
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 Address Georgia Turner Grandview 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) CUA (Cerebrovascular accident)					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cerebral arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331 X					
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 8-26-58 to 10-9-58 and last saw her alive on 10-6-58 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul W. ... M.D. (Degree or title)			22b. ADDRESS Jackson Co. Hosp. Jasper Mo.		22c. DATE SIGNED 10-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 9 1958	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		23d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.
24. FUNERAL DIRECTOR Langsford Funeral Home Lee's Summit Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 10-8-58		26. REGISTRAR'S SIGNATURE W. ...

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

JAN 4 1959

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 *[Handwritten Signature]*

Licensed Embalmer No. *3833*

P. O. Address *[Handwritten Address]*

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.