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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009803
STATE FILE NUMBER

FILED MAR 25 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 133

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 OR TOWN (If outside corporate limits, give TOWNSHIP only): Independence — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Independence 7005 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 501 W, St Charles — Length of stay in 1b: 10 yrs	d. STREET ADDRESS (If outside, give location): 501 W, ST Charles — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Sidney	Middle: Ruth	Last: Perry
4. DATE OF DEATH	Month: 3	Day: 13	Year: 1959
5. SEX: female 3	6. COLOR OR RACE: Negro	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 4 - 23 - 1900
9. AGE (In years last birthday): 58	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unployed	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (City and state or country): Ft. Smith, Ark	12. CITIZEN OF WHAT COUNTRY? U, S, A,
13a. FATHER'S NAME: A, W, Perry	13b. MOTHER'S MAIDEN NAME: Maude Reed	14. NAME OF HUSBAND OR WIFE: Single	
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: Luther Perry — Address: 2637 E, 29 St	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Cardio-Reno-Vascular Disease

DUE TO (c) Myocardial Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 _____, to _____ and last saw her/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 (Degree or title): L. Mittleman M.D. Deputy Coroner

22b. ADDRESS: 1618 Lydia Ave

22c. DATE SIGNED: 3/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3- 17 - 1959	23c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery	23d. LOCATION (City, town, or county) (State): Kansas City, Mo
24. FUNERAL DIRECTOR: C, E. Davis	ADDRESS: 1415 Truman Rd	25. DATE RECD. BY LOCAL REG.: 3-17-59	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address W. 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.