

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 25 1959

59-032520

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4439 STATE FILE NUMBER

DED

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>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb <u>5 yrs.</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>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3905 College</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Aleda</u> Middle <u>M.</u> Last <u>Perkins</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>10</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>2-13-1897</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>62</u> Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Braymer, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Gib Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Conner</u>	14. NAME OF HUSBAND OR WIFE <u>Alva Perkins</u>
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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>none</u>	17. INFORMANT <u>Alva Perkins, Kansas City, Mo</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>12 hrs</u> <u>18 mins.</u>
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>			
DUE TO (b) <u>Cardiac Failure</u>			
DUE TO (c) <u>Carcinoma, ovary, bilateral</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <u>8:55</u> a.m. p.m. Month, Day, Year <u>3-1-58</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 STATE
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21. I attended the deceased from <u>3-1-58</u> to <u>9-10-59</u> and last saw her alive on <u>9-10-59</u> Death occurred at <u>8:55 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Charles S. Cooper MD</u>	22b. ADDRESS <u>1226 Rialto Bldg</u>	22c. DATE SIGNED <u>9-11-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State) <u>Braymer, Mo.</u>
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24. FUNERAL DIRECTOR <u>Mead Funeral Home, Braymer, Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-12-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minchall</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Medical Certification
 Charles S. Cooper

BY AFFIDAVIT OF

[Faint handwritten text, possibly a signature or name]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John R. Dicks*
Licensed Embalmer No. 453
P. O. Address Kansas

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.