No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4604

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Prairie Village, Kans.
d. STREET ADDRESS (If rural, give location): 5009 West 69th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Georgia
b. (Middle): A.
c. (Last): PERRY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 18June1876
9. AGE (In years last birthday): 77 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Arden E. Griffith
13b. MOTHER'S MAIDEN NAME: Mary E. ----
14. NAME OF HUSBAND OR WIFE: John W. Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: C.Walter L. Perry, 5009 W. 69th, K. C., Mo.

MEDICAL CERTIFICATION

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): APOPLEXY (BRAIN) — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): HYPERTENSION
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: SENILITY - CATARACTS — 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~HOME~~
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~PRAIRIE VILLAGE JOHNSON KANS.~~
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-21, 1953, *to* 9-23, 1953, *that I last saw the deceased alive on* 9-22, 1953, *and that death occurred at* 2:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas. A. Schwab (Degree or title): Dr. Chas. A. Schwab D.O.
23b. ADDRESS: Overland Park, Kas.
23c. DATE SIGNED: 9-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-23-53
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Concordia, Kansas

DATE REC'D BY LOCAL REG.: 9-23-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mellody-McGilley-Eyler, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Doc. Charles Schwa

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 .....
Student Embalmer

Signed Melvin Barteau

Licensed Embalmer No. 4903

P. O. Address KC 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 this body is not embalmed, fact should be so stated above.