

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36036**
4827

FILED OCT 23 1953

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 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, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) LIFE | | c. CITY OR TOWN Kansas City | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5832 Wayne | | | | e. STREET ADDRESS (If rural, give location) 5832 Wayne | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM | | b. (Middle) S. | | c. (Last) PERRIN | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 5th 1953 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Nov. 15, 1915 | |
| 9. AGE (In years last birthday) 37 | | 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) Salesman, Office Equipment | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. O | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | | | | |
| 13a. FATHER'S NAME Guy H. Perrin | | 13b. MOTHER'S MAIDEN NAME Mary C. Beebe | | 14. NAME OF HUSBAND OR WIFE Martha Perrin | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-07-2111 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin R. Perrin, Leawood, Kansas | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Stroke & Hemorrhage resulting from stab wounds of chest DUE TO (a) stab wound of chest DUE TO (b) stab wound of chest II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 89 2/10 22 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-5-53 7:30 am | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? apparently Stabbed himself | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer, Deputy Coroner | | | | 23b. ADDRESS 4050 Broadway, Kansas | | 23c. DATE SIGNED 10-5-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-7-53 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG. 10-7-53 | | REGISTRAR'S SIGNATURE Seraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary | | ADDRESS Kansas City, Mo. | |

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

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City*

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.