

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16286

BIRTH NO.		REG. DIST. NO. 146	PRIMARY REG. DIST. NO. 3026	Registrar's No. 196
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 12 days	c. CITY OR TOWN Kansas City	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium		e. STREET ADDRESS (If rural, give location) 150th & Holmes Rd. RR 2		
3. NAME OF DECEASED (Type or Print) Mike		a. (First)	b. (Middle)	c. (Last) Perusich
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Aug. 15, 1882		9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months Days
11. BIRTHPLACE (City and State or Foreign Country) Yugo Slavia		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Frank Perusich		13b. MOTHER'S MAIDEN NAME Anna Druodalick		14. NAME OF HUSBAND OR WIFE Stana Perusich (deceased)
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. 490 09 1627		17. INFORMANT'S SIGNATURE OR NAME Nick Perusich, Kansas City, Mo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Colon with extensive metastases.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153 X		INTERVAL BETWEEN ONSET AND DEATH app 2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Same		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>June, 1953</u> to <u>May 15, 1954</u> , that I last saw the deceased alive on <u>May 15, 1954</u> and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>W. H. Jenkins</u>		23b. ADDRESS <u>10th Bank Bldg Independence, Mo.</u>		23c. DATE SIGNED <u>5/17/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>5/18/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		
DATE REC'D BY LOCAL REG. <u>5-18-54</u>		REGISTRAR'S SIGNATURE <u>James S. Craig</u>		ADDRESS <u>Independence, Mo.</u>

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

JUN 17 1954

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 *J. H. Gibson*.....

Licensed Embalmer No. *487*.....

P. O. Address *Independence*.....

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.