

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41665**  
Registrar's No. **5449**

BIRTH NO. **89201-576** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lumpkin</b>	
b. CITY OR TOWN <b>Kansas City, Mo</b>		c. CITY OR TOWN <b>Chillicothe</b>	
c. LENGTH OF STAY (In this place township) <b>9 Days 10 1/2 hrs</b>		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 <b>Childrens Mercy Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>914 Broadway 0597</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jerry La June Perry</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>12 16 56</b>		
5. SEX <b>MALE</b>		6. COLOR OF RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>12-8-56</b>		9. AGE (In years last birthday) <b>8</b>		10. IF UNDER 1 YEAR Months <b>8</b> IF UNDER 14 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Chillicothe, Mo. 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Ruby Perry (unmarried)</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Adelbert Weener, Chillicothe, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>RIGHT HE MOTHORAX + PNEUMONIAS</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>7562</b>	

18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH	
*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) <b>RIGHT HE MOTHORAX + PNEUMONIAS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>TRACHEO-OESOPHAGEAL CONGENITAL ATRESIA OF OESOPHAGUS + FISTULA</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **12-10-**, 19**56**, to **12-16**, 19**56**, that I last saw the deceased alive on **12-16-**, 19**56**, and that death occurred at **20** m., from the causes and on the date stated above?

23a. SIGNATURE <b>Wayne Hart</b> (Degree or title) <b>C</b>		23b. ADDRESS <b>1710 Independence Ave</b>		23c. DATE SIGNED <b>12-17-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC-17-1956</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>CHILLICOTHE, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>12-17-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMERS SONS KANSAS CITY, MO.</b> ADDRESS <b>1391 BRUSH CREEK</b>			

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

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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.....  
*Robert L. Rogers*

Licensed Embalmer No. 295

P. O. Address.....  
*F. O. D. Co.*

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.