Health, Welfare Public Service

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FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1385

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 300

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General #2 — Length of stay in Ib 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1821 Highland — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Lillian Middle Aliza Last Perryman

4. DATE OF DEATH Month January Day 16 Year 1958

5. SEX Female **6. COLOR OR RACE** Negro **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Sept. 23, 1903 **9. AGE** (In years last birthday) 54 — 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) Manager **10b. KIND OF BUSINESS OR INDUSTRY** Hotel

11. BIRTHPLACE (City and state or country) Muskogee, Oklahoma **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME William Penn Thomas **13b. MOTHER'S MAIDEN NAME** Hannah Tyskey **14. NAME OF HUSBAND OR WIFE** James Perryman

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. 492-18-1773 **17. INFORMANT** Osceola North Address 3706 Benton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary edema due to Congestive HEART Failure.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4341
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 15, 1958, to January 16, 1958 and last saw her/him alive on January 16, 1958
✓ Death occurred at 2:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. R. Peterson (Degree or title) MD
22b. ADDRESS 600 E. 22nd Street **22c. DATE SIGNED** 1-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 1/21/58 **23c. NAME OF CEMETERY OR CREMATORY** Lincoln Cemetery **23d. LOCATION** (City, town, or county) Kansas City, Missouri (State)

24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo. **ADDRESS**
25. DATE RECD. BY LOCAL REG. 1-20-58 **26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

W. R. Peterson

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 [illegible]

Licensed Embalmer No. 4944

P. O. Address K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.