

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009178
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Clinton General		Length of stay in lb 15 min	d. STREET ADDRESS (If outside, give location) 8020 Euclid Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harold Middle James Last Perry			4. DATE OF DEATH Month April Day 1 Year 1959		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1920	9. AGE (In years last birthday) 38	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) stone mason	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Kansas City, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME Frank Perry	13b. MOTHER'S MAIDEN NAME Hannah Reese	14. NAME OF HUSBAND OR WIFE Wyoma Perry
--	--	---

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. Unknown	17. INFORMANT Hannah Perry Address 1928 E. 8th of Terrace Kansas City Mo.
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injury to chest - multiple rib fractures DUE TO (b) Automobile Accident - DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 45 min
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Flail chest, multiple fracture ribs; Both bones of right & left lower legs fracture.
20c. TIME OF INJURY 9:30 a.m. Hour 4-1-59 Month, Day, Year	042

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7 1/2 mi. west of Clinton on US 35	20f. CITY, TOWN OR LOCATION Fulton, Henry	COUNTY Missouri	STATE Missouri
21. I attended the deceased from his residence from approximately 15 minutes after admission to Clinton Death occurred at 7-1-59 @ approx 8:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W.D. Bradshaw, MD (Henry C. Corwin)	22b. ADDRESS Clinton, MO.	22c. DATE SIGNED 4-2-59
--	-------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 14, 1959	23c. NAME OF CEMETERY OR CREMATORY ST Mary's	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	------------------------------------	--	---

24. FUNERAL DIRECTOR Muel Goch	ADDRESS Kansas City, Mo	25. DATE RECD. BY LOCAL REG. 4-2-59	26. REGISTRAR'S SIGNATURE Mildred Bigum
--	-----------------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

All diseases in Part I must be causally related.

St. 3 80V

APR 10 1959

STATEMENT BY LICENSED EMBALMER

APR 8 1959

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 *Eugene R. Conover*

Licensed Embalmer No. *4680*
P. O. Address *Clinton, 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.