

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021830

FILED JUN 16 1959

Registration District No. 146 Primary Registration District No. 3026 STATE FILE NUMBER
Registrar's No. 260

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR. 30, 1877</u>		9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Clinton Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1232 S. Glenwood</u>		Length of stay in hospital <u>2 months</u>		d. STREET ADDRESS <u>6130 3 Miles South</u>		INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>JANE</u> Last <u>PERRYMAN</u>						4. DATE OF DEATH Month <u>June</u> Day <u>5</u> Year <u>1959</u>											
13a. FATHER'S NAME <u>William S. Winscott</u>				13b. MOTHER'S MAIDEN NAME <u>MARGARET E. JAMES</u>				13c. NAME OF HUSBAND OR WIFE <u>John PERRYMAN</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Name</u>				17. INFORMANT <u>Mrs. Marie Taylor</u>				Address <u>1232 Glenwood</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>												INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____												<u>4200</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>occlusive disease of Extremities</u>												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input 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.)														
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____																	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 <u>April 14, 1959</u> to <u>June 4, 1959</u> and last saw her alive on <u>May 26, 1959</u> Death occurred at <u>6:30 P.M.</u> in on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <u>Harold Kraft, MD</u> (Degree or title) <u>6</u>						22b. ADDRESS <u>701 E 63rd St.</u>						22c. DATE SIGNED <u>6/5/59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>			23b. DATE <u>6/6/59</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Missouri</u>						23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR <u>Bryan Mortuary, Hamilton, Mo.</u> ADDRESS						25. DATE RECD. BY LOCAL REG. <u>6-6-59</u>			26. REGISTRAR'S SIGNATURE <u>James H. Gray</u>								

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John R. Bidm*
Licensed Embalmer No. *4531*
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.