

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025351

FILED VS AUG 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3691 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 14 MO		c. CITY OR TOWN Blue Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Blue Ridge Nur Home 1828 7505 E 87St				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 105 s0 9th			
3. NAME OF DECEASED (Type or print) First Rufus Middle H Last Perdue				4. DATE OF DEATH Month July Day 29 Year 1959					
5. SEX Male		6. COLOR OR RACE Wh		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-14-1881			
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Corinth Tenn		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME George Perdue			13b. MOTHER'S MAIDEN NAME Margaret Clampitt			14. NAME OF HUSBAND OR WIFE Myrtle Perdue			
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. None		17. INFORMANT Myrtle Perdue			Address 105 So 9th Blue Spgs 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) <u>Coronary occlusion thrombosis</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral vascular accident - Rt Hemiplegia</u>							INTERVAL BETWEEN ONSET AND DEATH		
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			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>July 1, 1959</u> to <u>July 29, 1959</u> and last saw her/him alive on <u>July 29, 1959</u> Death occurred at <u>1200 hrs July 29-1959</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>J.D. Schwab DO</i>					22b. ADDRESS <u>13121 O.S. 71 Grandover Ave</u>		22c. DATE SIGNED <u>7-29-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 31 -59		23c. NAME OF CEMETERY OR CREMATORY Blue Springs		23d. LOCATION (City, town, or county) (State) Blue Springs Mo			
24. FUNERAL DIRECTOR Webb Funeral Home Blue Springs Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 7-30-59		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

J.D. Schwab

BY AFFIDAVIT OF

AUG 1 1959

AUG 21 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. B. Webb

Licensed Embalmer No. 2352

P. O. Address Blue Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.