

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 21 1959

'59 0 44343

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5940

WENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>45 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				d. STREET ADDRESS <u>432 West 25th Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Helen</u> Middle <u>Marie</u> Last <u>Sperry</u>				4. DATE OF DEATH <u>12-8-59</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-4-1899</u>	
9. AGE (last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>accountant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Jenkins Music Co</u>		11. BIRTHPLACE (City and state or country) <u>Trenton Missouri</u>	
13a. FATHER'S NAME <u>Alvin George</u>				13b. MOTHER'S MAIDEN NAME <u>  </u>		14. NAME OF HUSBAND OR WIFE <u>Kenneth L. Sperry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>  </u>				16. SOCIAL SECURITY NO. <u>487 16 9113</u>		17. INFORMANT <u>Kenneth L. Sperry, K.C. Mo.</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>terminal Bronchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastatic Carcinoma</u> DUE TO (c) <u>Carcinoma rt. Breast</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> <u>5 yrs.</u> <u>5 yrs. 8 mos.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>  </u>						PART III. If deceased (was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>  </u>			
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>		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.) <u>  </u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>  </u>	
21. I attended the deceased from <u>1-2-46</u> to <u>12-8-59</u> and last saw her/him alive on <u>12-7-59</u> Death occurred at <u>6:43 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Myron Auld, Jr.</u> (Degree or title)				22b. ADDRESS <u>3504 Troost K.C. Mo.</u>		22c. DATE SIGNED <u>12-8-59</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC 11, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEM</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS K. C. MO.</u> ADDRESS <u>  </u>				25. DATE RECD. BY LOCAL REG. <u>12-9-59</u>		26. REGISTRAR'S SIGNATURE <u>Myron Auld</u>	

DOCUMENT

BY AFFIDAVIT OF Myron Auld, Jr. 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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond M. Hardy  
Licensed Embalmer No. 4913  
P. O. Address Indip, 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.