

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011166

FILED VS APR 4 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 1613

|   |  |   |  |  |   |  |   |       |  |
|---|--|---|--|--|---|--|---|-------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |  |   |       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |  | Length of stay in 1b<br><b>70 yrs.</b>  |  | c. CITY OR TOWN <b>Kansas City</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |       |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3217 Garfield</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><b>3217 Garfield</b>         |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |       |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>MRS. CHARLOTTE E. PERRY</b>  |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>3 17 1960</b>   |   |  |   |       |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>3-26-1888</b>   | 9. AGE (last birthday)<br><b>71</b>   | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR<br>Hours Min.  |       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Printer- held many jobs but jobs out of union</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>recently did odd</b>                         |  | 11. BIRTHPLACE (City and state or country)<br><b>Berlin, Germany</b>          |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |       |  |
| 13a. FATHER'S NAME<br><b>Karl Frank Schmidt</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Charlotte Stuckseker</b>                             |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased unknown</b>   |   |       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>495-20-5868</b>  |  | 17. INFORMANT<br>Address<br><b>Mr. Adelbert W. Perry Grandview, Mo.</b>       |  |   |       |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>sute maine coronary thrombosis</b>   |  |   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>mins</b>                                       |       |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>chronic myocarditis</b>  |  |   |  |  |   |  | <b>weeks</b>  |       |  |
| DUE TO (c) <b>arteriosclerotic heart disease</b>  |  |   |  |  |   |  | <b>years</b>  |       |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |       |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour . . . . .<br>a.m. . . . .<br>p.m. . . . .<br>Month, Day, Year   |  |   |  |  |   |  |   |       |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input checked="" 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 <b>1953</b> to <b>3/17/60</b> and last saw her <b>live</b> on <b>3/17/60</b><br>Death occurred at <b>5:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |  |   |       |  |
| 22a. SIGNATURE (Deceased or title)<br><b>Richard E. Griffin</b>   |  |   |  | 22b. ADDRESS<br><b>3900 Paseo</b>  |   |  | 22c. DATE SIGNED<br><b>3/18/60</b>  |       |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>3-19-60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>                  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |  |   |       |  |
| 24. FUNERAL DIRECTOR<br><b>Melody-McGilley-Eylar Funeral Home</b><br>1800 E. Linwood Blvd.  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>3-18-60</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>  |   |       |  |

DOCUMENT

BY AFFIDAVIT OF Richard E. Griffin MEDICAL CERTIFICATION

Dr. J. F. Lutz

3900 Pacific

LO 1-4650

Yw-1-4-

**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 James E. Hackle

Licensed Embalmer No. 4273

P. O. Address K. C. Mo

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.