

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019572

FILED VS JUN 15 1960

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Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 2899 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>			Length of stay in 1b	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKES HOSP.</b>			80 <b>YES</b> limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4240 SO. BENTON BLVD.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Donald</b> Middle <b>Adair</b> Last <b>Percell</b>				4. DATE OF DEATH Month <b>May</b> Day <b>27</b> Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>APRIL 20, 1894</b>	9. AGE (last birthday) <b>66 yrs.</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED GAS SERVICE CO.</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>AMORET MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM PERCELL</b>			13b. MOTHER'S MAIDEN NAME <b>ETTA COPPAGE</b>		14. NAME OF HUSBAND OR WIFE <b>PEARLE F. PERCELL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>487 10 8830</b>		17. INFORMANT <b>PEARLE PERCELL 4240 SO. BENTON BLVD.</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock</b> DUE TO (b) <b>Cancer of the Stomach</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>1 hrs.</b> <b>Apr 30/60</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary Heart Disease.</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 checked="" 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 _____ a.m. _____ 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 <b>12-23-54</b> to <b>May 27-60</b> and last saw <sup>them</sup> him alive on <b>May 26 60</b> Death occurred at <b>1:35 a.m.</b> on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (In free or title) <b>V.B. Ballard MD</b>				22b. ADDRESS <b>411 Nichols Road Kansas City MO</b>		22c. DATE SIGNED <b>5-27-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>MAY 28, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEM</b>		23d. LOCATION (City, town, or county) <b>KANSAS CITY MO.</b>		(State)
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS KC. MO.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>5-28-60</b>	26. REGISTRAR'S SIGNATURE <b>Steve Minshall</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
V. B. Ballard

**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 Thomas W. Holson

Licensed Embalmer No. 4889

P. O. Address N.C. 776

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.