

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027070

FILED VS. JUL 26 1960

149

Primary Registration District No. **1002**

Registrar's No. **3571**

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 1 Day | c. CITY OR TOWN Kansas City 33 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 8808 East 66th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Perry Middle Smith Last Perry | | | 4. DATE OF DEATH Month July Day 6 Year 1960 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/9/1901 | 9. AGE (last birthday) 59 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Dye Maker | | 10b. KIND OF BUSINESS OR INDUSTRY Rupert Diecasting Company | | 11. BIRTHPLACE (City and state or country) Kansas City, Kansas | | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME OLIVER H. PERRY | | 13b. MOTHER'S MAIDEN NAME OLIVE MAUDE SMITH | | 14. NAME OF HUSBAND OR WIFE Carrie Perry | | |

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| 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. 487-09-4584 | 17. INFORMANT MRS. CARRIE PERRY | Address 8808 EAST 66TH STREET |
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| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma of the adrenals | | INTERVAL BETWEEN ONSET AND DEATH weeks |
| DUE TO (b) Bronchogenic carcinoma of the left lung | | 16 months + |
| DUE TO (c) | | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. | | | |

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| 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 Kansas City | COUNTY Missouri | STATE |
|--|--|--|---------------------------|-------|

21. I attended the deceased from **March 9, 1959** to **July 6, 1960** and last saw him alive on **July 6, 1960**
Death occurred at **9:45 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | 22b. ADDRESS 4800 E. 24th Street | 22c. DATE SIGNED 7-8-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 9, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
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| 24. FUNERAL DIRECTOR D.W. Newcomers Sons | Address 1331 BRUSH CREEK Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 7-9-60 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. Haro

Licensed Embalmer No. 4913

P. O. Address Indigo

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.