SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-021414
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2873

FILED JUN 28 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS City
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LUKE'S
Inside limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KS
b. COUNTY: WYANDOTTE
c. CITY OR TOWN: KANSAS City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2601 S 48 TERR
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: BARY Middle: ROY Last: PERDUE
4. DATE OF DEATH: Month 4 Day 24 Year 61
5. SEX: MALE
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-23-61
9. AGE (last birthday): —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HR: Hours 2 Min. 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): KC Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: IRA BUTLER PERDUE
13b. MOTHER'S MAIDEN NAME: RUBY JOANNE DeLois
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Ruby J. Perdue Address: 2601 S 48 Terr KC Ks

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity, Early Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ Tentative
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 24 61 to April 24 61 and last saw him alive on April 24 61
Death occurred at 7:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Carbaugh MD
22b. ADDRESS: Mission Kan
22c. DATE SIGNED: April 24 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 5/30/61
23c. NAME OF CEMETERY OR CREMATORY: St Lukes' Hospital
23d. LOCATION (City, town, or county) (State): 4400 Nichols Pkwy K.C. Mo
24. FUNERAL DIRECTOR: St Lukes' Hospital
ADDRESS:
25. DATE RECD. BY LOCAL REG.: 6-9-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.