

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001782

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 325

STATE FILE NUMBER

FILED FEB 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1  
28/5/0  
2

3

4 0

5 0

6

7 0

8 1

9 7/6 2.5

10

11

12 61-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **Julius M. Kant** MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>2 Days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>711 Packard</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Charles Perez</b>			4. DATE OF DEATH Month <b>January</b> Day <b>17</b> Year <b>63</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-14-63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and state or country) <b>K.C. Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>Manuel S. Perez</b>	
13b. MOTHER'S MAIDEN NAME <b>Olivia Liera</b>		14. NAME OF HUSBAND OR WIFE <b>Infant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT <b>Manuel S. Perez Home (Father)</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity and Immaturity atelectasis right lung &amp; lower left lung</b>			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <b>2:00 a.m.</b> Month, Day, Year <b>1/17/63</b>	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 <b>Kansas City</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>1/14/63</b> to <b>1/17/63</b> and last saw her alive on <b>1/16/63 - 10:30 pm</b> . Death occurred at <b>2:00 am 1/17/63</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Julius M. Kant M.D.</b>		22b. ADDRESS <b>K.C. Mo.</b>	
22c. DATE SIGNED <b>1/18/63</b>		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>I-18-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Kansas</b>	
24. FUNERAL DIRECTOR <b>Simmons Funeral Home Inc. K.C.K.</b>		25. DATE RECD. BY LOCAL REG. <b>1-18-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

USE BLACK INK OR TYPEWRITER RIBBON

**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 John H. Harrington, Student Embalmer No. 682  
working under my personal supervision.

Student John H. Harrington  
Signature of Student Embalmer

Signed Donald H. Simmons

Licensed Embalmer No. 5084

P. O. Address K. C. K.

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.