

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035462

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 219

FILED OCT 8 1963

VS 300
Rev. 4/59

16004
26004

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		Length of stay in 1b <u>25 YRS.</u>	c. CITY OR TOWN <u>North Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NKC Mem. Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2015 Gentry</u>
3. NAME OF DECEASED (Type or print) First <u>Phebe</u> Middle <u>Mildred</u> Last <u>Liddle</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>28</u> , Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-23-1892</u>
9. AGE (last birthday) <u>71</u>		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) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WHEELING CORRUGATING CO.</u>	11. BIRTHPLACE (City and State or country) <u>BOWLES, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH T. PERKINS</u>	
13b. MOTHER'S MAIDEN NAME <u>CARRIE M. BOGDAN</u>		14. NAME OF HUSBAND OR WIFE <u>A.G. LIDDLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u>		16. SOCIAL SECURITY NO. <u>114 MISS MARGARET PERKINS N.K.C.</u>	
17. INFORMANT <u>Address 2015 GENTRY</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Asthma</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 checked="" 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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY; TOWN; OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>1958</u> to <u>1963</u> and last saw her alive on <u>9-19-63</u> Death occurred at <u>9:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard H. Gentry M.D.</u>		22b. ADDRESS <u>North Kansas City Mo</u>	
22c. DATE SIGNED <u>9-20-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>10-1-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BARRY CEMT.</u>	
23d. LOCATION (City, town, or county) <u>KAN. CITY, N. MO.</u>		24. FUNERAL DIRECTOR <u>D.W. NEWCOMBER'S SONS N.K.C.</u>	
25. DATE RECD. BY LOCAL REG. <u>9-30-63</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1963

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 _____
Signature of Student Embalmer

Signed John V. Henrich, Jr.

Licensed Embalmer No. 4848

P. O. Address K. C. 17, Mo.

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.