

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33215

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 354

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Union</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> OR TOWN <u>2 West</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>97</u> OR TOWN <u>Cabden Ill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. 7. N.</u> <u>2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lugh</u> b. (Middle) <u>Raymond</u> (Last) <u>Perney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 9-1922</u>	9. AGE (In years last birthday) <u>26</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> IF UNDER 12 HRS. Hours <u>9</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Cabden Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Perney</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bigler</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W. War 2</u>	16. SOCIAL SECURITY NO. <u>W</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Perney</u> ADDRESS <u>Cabden Ill</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subphrenic abscess</u>		<u>3 weeks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated retrocecal appendix</u> DUE TO (c)		<u>3 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5510</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>as listed above</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 5, 1949, to Oct 18, 1949, that I last saw the deceased alive on Oct 18, 1949, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.A. Ritter, M.D.</u> (Degree or title)	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>10-20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 21-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph, Cabden</u>	24d. LOCATION (City, town, or county) (State) <u>Cabden Ill</u>
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DATE REC'D BY LOCAL REG. <u>10-20-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jae J. Howell</u> ADDRESS <u>Cape</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-24-49

District Health Officer No. 4

District File Number 1049-139

Date Filed

1949

NOV 28 1950

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.

Signed *W H Estes - Boytt*

Signed Student Embalmer

Licensed Embalmer No. 2578-460

P. O. Address *Cape Girardeau 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 this body is not embalmed, fact should be so stated above.