

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33776

State File No.

DECEASED **DOCT 27 1951**

4371

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Minnesota</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city, mo</u>	c. LENGTH OF STAY (If in place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Minneapolis, Minnesota</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>59th & Ward Parkway</u>		d. STREET ADDRESS (If rural, give location) <u>316 W. Minnetonka Parkway</u>	

3. NAME OF DECEASED a. (First) <u>Earl</u> b. (Middle) <u>Armin</u> c. (Last) <u>Perry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-13-1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 7, 1892</u>
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dodge motor Co</u>	11. BIRTHPLACE (State or foreign country) <u>Vermillion South Dakota</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>Freeman H Perry</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Armin</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Perry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War II</u>	16. SOCIAL SECURITY NO. <u>477-09-1279</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Perry</u>	ADDRESS <u>Minneapolis, Minn</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis massive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>many months</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarct old,</u>			<u>under</u>
	DUE TO (c) <u>Recent thrombosis rt. Coronary</u>			<u>months to</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.C. Helwig</u>	(Degree or title) <u>M.D. Pathologist St Luke's Hospital</u>	23b. ADDRESS <u>Minneapolis, Minnesota</u>	23c. DATE SIGNED <u>10-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>Minneapolis, Minnesota</u>
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DATE REC'D BY LOCAL REG <u>10-14-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Franco-Warnall Funeral Home</u>	ADDRESS <u>-</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed H. LeRoy Maoney

Licensed Embalmer No. 4776

P. O. Address K.C. 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.