

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8755  
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007  
REGISTRAR'S NO. 4661

No. 300  
10.48

FILED APR 1 1952

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if not) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City, Mo.</b> <u>1492</u>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>111 S. Penn St.</b> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANDREW</b> b. (Middle) <b>J</b> c. (Last) <b>PERRY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 21 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <u>2</u>	8. DATE OF BIRTH <b>July 26 1872</b> <u>79</u>
9. AGE (In years last birthday) <b>79</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD.</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Cornwall, England</b> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Andrew Perry</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth J. Renfree</b>	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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mabel Bassnett-Webb City Mo.</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bleeding Sigmoid Varicella</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis (Generalized)</b>		<b>546HRS</b>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prophylactic Actinia</b>		<b>546HRS</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from 3-18, 1952, to 3-21, 1952, that I last saw the deceased alive on 3-21, 1952, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>G. A. Schulte</i> G. A. Schulte, M. D.	(Degree or title) <b>0</b>	23b. ADDRESS <b>421 Frisco Bldg, Joplin, Mo</b>	23c. DATE SIGNED <b>3/27/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 24 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope</b>	24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-28-52</b>	REGISTRAR'S SIGNATURE <i>G. A. Schulte</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston Arnce Simpson</b>	ADDRESS <b>Mortuary Webb City, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side) **Webb City, Mo. H.E.A.**

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-31-52  
Jasper County Health Office

County File Number 52/3/266

Date Filed 3-31-52

JUN 13 1952

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 Harvey E. Gance

Licensed Embalmer No. 4462

P. O. Address Webb City, 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.