

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11929

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 36

1. PLACE OF DEATH Home a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry c. CITY OR TOWN Monett d. STREET ADDRESS West Myrtle	
b. CITY OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) West Myrtle	

3. NAME OF DECEASED (Type or Print) Warren Spencer Perry			4. DATE OF DEATH May 2 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 15 1886		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Days 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postal Employee		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Boone, Iowa	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Guy Lyman Perry		13b. MOTHER'S MAIDEN NAME Mary Eudocia Vanfleet	
14. NAME OF HUSBAND OR WIFE Virginia, L Perry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) USA World War I		16. SOCIAL SECURITY NO. 489-32-5481	
17. INFORMANT'S SIGNATURE OR NAME Mrs W. S. Perry		17. ADDRESS Monett Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Arteriosclerosis		3 months	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
Antecedent Causes		Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.			
DUE TO (b)		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 May 2, 1952, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 10 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Deeds or title) L. H. Buchanan M.D.		23b. ADDRESS Monett Mo		23c. DATE SIGNED 5-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-1952		24c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery	
24d. LOCATION (City, town, or county) Monett		24e. (STATE) Lawrence Co Mo			

DATE REC'D BY LOCAL REG. May 6, 1952

REGISTRAR'S SIGNATURE Oliver A. Warren

25. FUNERAL DIRECTOR'S SIGNATURE J. D. Buchanan

ADDRESS Monett Mo

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

MAY 22 1975

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 J. D. Bushman
Licensed Embalmer No. 3179

P. O. Address Monroeville 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.