

STANDARD CERTIFICATE OF DEATH

State File No. 27848

FILED SEP 15 1952

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Henry 0427 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton c. LENGTH OF STAY (in this place) 11 days d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair 0930 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Nettie		a. (First)		b. (Middle) L		c. (Last) Perrin	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 8-1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Aug. 23, 1879		9. AGE (In years last birthday) 73		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Henry County Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard Davis		13b. MOTHER'S MAIDEN NAME Zelpha A. Sanders	
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) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Taylor Davis, Osceola Missouri	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. BRONCHITIS					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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?		4222		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950, to SEPT, 1952, that I last saw the deceased alive on 8 Sept, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh B. Walker, M.D.				23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 8 Sept. 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/10/52		24c. NAME OF CEMETERY OR CREMATORY Osceola		24d. LOCATION (City, town, or county) (State) Osceola Missouri	
DATE REC'D BY LOCAL REG. Sept 10-52		REGISTRAR'S SIGNATURE Florence Adams		424 25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Increased Embalmers' Statement on Reverse Side)

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

OCT 27 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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.