

FILED JAN 29 1953

STANDARD CERTIFICATE OF DEATH

2005

State File No.

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 7

1. PLACE OF DEATH
 a. COUNTY Tenn
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edison
 c. LENGTH OF STAY (in this place) Life
 d. FULL NAME OF HOSPITAL OR INSTITUTION Sibson Hospital

2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission.
 a. STATE Mo. b. COUNTY Shelby
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 1020
 d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED
 a. (First) BEULAH b. (Middle) M c. (Last) PERRY
 4. DATE OF DEATH (Month) (Day) (Year) Jan-4-1953
 5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept-26-1875 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 3 IF UNDER 12 HRS. Hours 9 Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Lewis County, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John White 13b. MOTHER'S MAIDEN NAME Mary Hurst 14. NAME OF HUSBAND OR WIFE John Perry
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) no. 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Perry Shelbyville, Mo

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) Cerebral accident MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 hr
 ANTECEDENT CAUSES DUE TO (b) Hypertension years
 DUE TO (c) Arteriosclerotic heart disease years
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 1

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO
 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4200 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 3, 1952, to 1-4, 1953, that I last saw the deceased alive on 1-4, 1953, and that death occurred at 10:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Edina Mo 23c. DATE SIGNED Jan 5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan-6-1953 24c. NAME OF CEMETERY OR CREMATORY L.O.O.P. Cemetery 24d. LOCATION (City, town, or county) (State) Shelbyville Mo

DATE REC'D BY LOCAL REG. Jan. 27-53 REGISTRAR'S SIGNATURE [Signature] 151-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.P. Thompson Shelbyville Mo.

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

JAN 29 1953

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.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville 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.