

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 4082 Registrar's No. 19

0170

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

1. PLACE OF DEATH a. COUNTY CARROLL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Carroll		
b. CITY (If outside corporate limits, write RURAL and give township) BOGARD		c. LENGTH OF STAY (In this place) 67 years	c. CITY (If outside corporate limits, write RURAL and give township) Bogard,		0170
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Mrs James Millner			d. STREET ADDRESS (If rural, give location) RFD# 5 M.NE Bogard, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) CARL		b. (Middle) EDWARD	c. (Last) PERRETEN	4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1953	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 6th, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 6
IF UNDER 1 YEAR Days 8	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	11. BIRTHPLACE (State or foreign country) Carroll County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Chas. Perreten		13b. MOTHER'S MAIDEN NAME Marianne, last unknown		14. NAME OF HUSBAND OR WIFE NONE	
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 ADDRESS Mrs James Millner, Bogard, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X				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 Feb. 12, 1953 to Feb. 15, 1953 , that I last saw the deceased alive on Feb. 15, 1953 , and that death occurred at 4:50A m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. Carroll Smith M.D.		23b. ADDRESS 107 7th St, Carrollton Mo.		23c. DATE SIGNED 2-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Carrollton, Missouri		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 45	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.			

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 _____

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina Mosauri

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.