

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>	c. LENGTH OF STAY (In this place) <u>3 yrs.</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>	d. STREET ADDRESS (If rural, give location) <u>West Broadway</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>West Broadway</u>	

3. NAME OF DECEASED (Type or Print) <u>Everett B. Perfect</u>	a. (First) <u>Everett</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Perfect</u>	4. DATE OF DEATH <u>March 5, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 13, 1884</u>	9. AGE (In years last birthday) <u>68</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harvey S. Perfect</u>	13b. MOTHER'S MAIDEN NAME <u>Elva Green</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lu Perfect - El Dorado Spgs.</u>	ADDRESS _____
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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) <u>Hypostatic congestion</u>		INTERNAL BETWEEN ONSET AND DEATH <u>1 da</u> <u>1 wk</u> <u>20 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u>		
	DUE TO (c) <u>Arthritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>725X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 2/28, 1953, to 3/5, 1953, that I last saw the deceased alive on 3/4, 1953 and that death occurred at 2:00A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm Sunderwirth DO.</u>	(Degree or title) _____	23b. ADDRESS <u>El Dorado Spgs</u>	23c. DATE SIGNED <u>3/7/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deerpark</u>	24d. LOCATION (City, town, or county) (State) <u>Neesh, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MARCH 7, 1953</u>	REGISTRAR'S SIGNATURE <u>Wm W. Neff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm W. Neff</u>	ADDRESS <u>El Dorado Spgs</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

201

no.

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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address Cl Donald Springs

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.