

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9032

State File No.

FILED APR 14 1953

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 144

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1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PERRIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON MO</u>		c. CITY OR TOWN <u>SEDALIA MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 Yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1421 south stevert</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILDRED</u> b. (Middle) <u>PERRY</u> c. (Last) <u>PERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9- 1953</u>			
5. SEX <u>0</u> <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JUNE -19- 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>keeping own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>F. J. REIN</u>		13b. MOTHER'S MAIDEN NAME <u>JOHANNA REIN</u>		14. NAME OF HUSBAND OR WIFE <u>C. P. PERRY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records FULTON MO*</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Myocarditis</u> <u>Genreal infirmities.</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Genreal infirmities.</u> DUE TO (b) _____ DUE TO (c) _____		
*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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		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) (Min.)		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 June, 1955, to Apr-9-, 1953, that I last saw the deceased alive on Apr-9-53, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>FULTON MISSOURI</u>		23c. DATE SIGNED <u>APR-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithston Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Smithston mo</u>	

DATE REC'D BY LOCAL REG. <u>Apr. 11-1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] FULTON MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *W. A. [Signature]*.....

Licensed Embalmer No. *372*.....

P. O. Address *[Signature]*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.