

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10939**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **3054** Registrar's No. **31**

08210

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

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green 0829	
c. LENGTH OF STAY (in this place) 18 da		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Oliver	b. (Middle) BENJAMIN	c. (Last) Perrod	4. DATE OF DEATH (Month) (Day) (Year) 3-2-53
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 14 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2 Day 16	IF UNDER 10 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Frankford Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Albert Perrod	13b. MOTHER'S MAIDEN NAME Rose Hubert	14. NAME OF HUSBAND OR WIFE Rena Perrod
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Wm. B. Perrod	ADDRESS Bowling Green Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca. of liver	DUE TO (b) Carcinoma of pancreas		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1561		

19a. DATE OF OPERATION 2/27/53	19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE NO	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) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **2-24-53**, 19**53**, to **3-2-53**, 19**53**, that I last saw the deceased alive on **3-2-53**, 19**53**, and that death occurred at **1:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or Title) M.D.	23b. ADDRESS Mo	23c. DATE SIGNED 3-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-6-53	24c. NAME OF CEMETERY OR CREMATORY Bowling Green	24d. LOCATION (City, town, or county) (State) Bowling Green Mo
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DATE REC'D BY LOCAL REG. March 6 1953	REGISTRAR'S SIGNATURE Bernice Callier	25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead	ADDRESS Bowling Green Mo
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JUN 1 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Harold C. Kirke

Signed.....
Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Bonking Gray*

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.