

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15239

State File No.

FILED APR 22 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla <u>0812</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u> 203 W. 3rd St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway T entering Newburg			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Dale c. (Last) Perry			4. DATE OF DEATH (Month) (Day) (Year) April 13, 1953			
5. SEX <u>0</u> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married <u>0</u>	8. DATE OF BIRTH October 26, 1938	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Rolla, Missouri <u>0</u>		12. CITIZEN OF WHAT COUNTRY? U.S. A.	

13a. FATHER'S NAME Tony Perry	13b. MOTHER'S MAIDEN NAME Effie Skyles	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Effie Perry, 203 W. 3rd, Rolla, Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture (Base)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken Neck</u> DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident Highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Newburg Phelps Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newburg Phelps Mo</u>
21d. TIME OF INJURY <u>Apr 13 1953 12:35</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Seat Control of motor car</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on Apr 13, 1953 and that death occurred at 12:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. L. V. Miller</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>4-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Rolla	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. April 14, 1953	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS 1100 Elm, Rolla, Mo.
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JUN 18 1958

Date filed

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..... *Saraga E. Brown*

Licensed Embalmer No. *4794*

P. O. Address *Rolla Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

