

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36500

State File No.

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

0610
3

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

1. PLACE OF DEATH a. COUNTY <u>Mason</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lafayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>	
c. LENGTH OF STAY (in this place) <u>minutes</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3 Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Engine Wabash R.R.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWARD</u>	b. (Middle) <u>DAVID</u>	c. (Last) <u>PERRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-24-1953</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>Married</u>	8. DATE OF BIRTH <u>April 28-1915</u>	9. AGE (In years last birthday) <u>38</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman + Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Idell Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Robert Perry</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Sabina Whistler</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothea Marie Perry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>702-09-3319</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothea Perry Moberly MO.</u>	ADDRESS <u>Moberly MO.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Fast</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Dress or title) <u>Lester Hutton 3rd Coroner Mason County</u>	23b. ADDRESS <u>Moberly MO.</u>	23c. DATE SIGNED <u>Oct 26 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct-27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly MO.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 27 1953</u>	REGISTRAR'S SIGNATURE <u>Thos. B. Griffies</u>	186	25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u>	ADDRESS <u>Moberly MO.</u>
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RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-53183
Date Filed 11-6-53



DEC 10 1953

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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.