

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3694

State File No.

FILED FEB 9 1954

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Stoddard</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie, Rte. 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie, Rte. 1</u> <u>1030</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Liberty twpp</u>			
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>L.</u> c. (Last) <u>PERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 11, 1908</u>
9. AGE (in years last birthday) <u>45</u>		Months <u>11</u>	Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Dexter, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Perry</u>	
13b. MOTHER'S MAIDEN NAME <u>Oma Miller</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-12-9365</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ellis Lowery, Bernie, Mo. Rte. 1</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of the Respiratory System</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>002 X</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)		21e. INJURY OCCURRED WHILE AT <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 <u>June 10, 1953</u> , to <u>Jan. 16, 1954</u> , that I last saw the deceased alive on <u>Jan. 16, 1954</u> , and that death occurred at <u>1 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F O Kelly DO</u>		23b. ADDRESS <u>Bernie Mo.</u>	
23c. DATE SIGNED <u>12354</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Campbell Mo. R. 1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-4-54</u>		REGISTRAR'S SIGNATURE <u>Wm. V. Jenkins</u>	

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

FEB 9 1951

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 *Christina M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Va*

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.