

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22776**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **117**

1. PLACE OF DEATH
a. COUNTY **Grundy**
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN **Trenton**
c. LENGTH OF STAY (in this place) **40 years**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Cullers Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Grundy**
c. CITY OR TOWN **Trenton**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **303 W 10th. 0400**

3. NAME OF DECEASED
a. (First) **SARAH** b. (Middle) _____ c. (Last) **CROFT.**

4. DATE OF DEATH (Month) (Day) (Year)
July 7 1954

5. SEX **Female** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Dec 29 1881**

9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Grundy County**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **W.O. BARNARD**

13b. MOTHER'S MAIDEN NAME **Sarah Snuffer**

14. NAME OF HUSBAND OR WIFE **Way T. Perry - (Dec)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
LEANORE PERRY Trenton, MO

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Cardiac renal disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arterio Sclerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4/2 X

20. AUTOPSY? YES NO

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 WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 52 to July 7, 1954** that I last saw the deceased alive on **July 7, 1954** and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title)

23b. ADDRESS **[Address]**

23c. DATE SIGNED **7/8 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **July 9, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Doof. Edinburg Cemetery**

24d. LOCATION (City, town, or county) (State) **Edinburg, MO**

DATE REC'D BY LOCAL REG. **7-9-54**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **[Signature]**

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

No. 100
10-48

SEP 13 1961

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold Robert.....

Licensed Embalmer No. 452.....

P. O. Address Evans, N.C......

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.