

FILED JAN 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43379**BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **245**

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba		d. STREET ADDRESS (If rural, give location) Wycoff Street			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps Co. Mem. Hospital				d. STREET ADDRESS (If rural, give location) Wycoff Street					
3. NAME OF DECEASED (Type or Print) a. (First) Lena			b. (Middle)		c. (Last) Perrigue		4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 21, 1909		9. AGE (In years last birthday) 45			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Cook Station, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME C. C. Ogle			13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Ben C. Perrigue				
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben C. Perrigue, Cuba, Missouri					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Peticulum carcinoma of ovary ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 175x				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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <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 Jan, 1952 to Dec 27, 1954 , that I last saw the deceased alive on Dec 27, 1954 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. H. Hales M. D.				23b. ADDRESS Cuba, Missouri		23c. DATE SIGNED 12/30/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/30/54		24c. NAME OF CEMETERY OR CREMATORY Steelville, Cemetery		24d. LOCATION (City, town, or county) (State) Steelville, Mo.			
DATE REC'D BY LOCAL REG. Jan. 12, 1955		REGISTRAR'S SIGNATURE Nadine L. Steele		380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul A. Staudt, Cuba, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed 1-17-59

FEB 20 1959

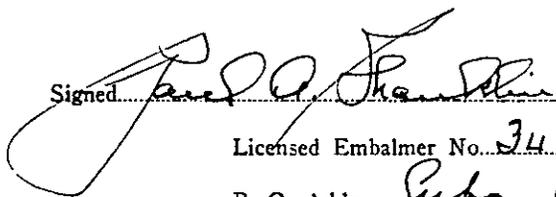
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3477

P. O. Address Suba, 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: