

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5565

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>LANNIBAL</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>		c. CITY OR TOWN <u>NEW CANTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>8120</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>GENEVA</u> c. (Last) <u>PERIMMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-1955</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG 15, 1904</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INVALID</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW CANTON, ILL.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>CHARLES PERIMMER</u>			13b. MOTHER'S MAIDEN NAME <u>LOTTIE PULLIAM</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Katharine Lewton, Hull, Ill</u>			ADDRESS <u>See</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>	ANTECEDENT CAUSES DUE TO (b) <u>Cancer of Corpus uteri</u>					<u>acute</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)					<u>4 yr.</u>	
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>172x</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 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 <u>Jan</u> , 19 <u>55</u> , to <u>Feb 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 15</u> , 19 <u>55</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. W. Pucelle, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Hull, Ill</u>	23c. DATE SIGNED <u>2/18/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-14-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHEARER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEW CANTON, ILL.</u>		
DATE REC'D BY LOCAL REG. <u>2-17-55</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke, By W. C. Fisher</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Clark, Marshall, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 18 1955  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 18 1955

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.....  
Signature of Student Embalmer

Signed..... *Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address *Samuel*

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.