

No. 300
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FILED APR 21 1955

STANDARD CERTIFICATE OF DEATH

12491

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 23

1. PLACE OF DEATH <u>Waverly MO</u> a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CATROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly, MO</u>		c. CITY OR TOWN <u>Bosworth</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0170</u>
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>4 M. S.E. Bosworth. MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KELLINS CLINIC Waverly MO</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>JAMES</u> c. (Last) <u>PERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4 1955</u>
5. SEX - <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 3-1880</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 4 HRS. Hours <u>1</u>	IF UNDER 15 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bosworth MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JAMES J PERRY</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH CATHERINE CASH</u>	14. NAME OF HUSBAND OR WIFE <u>EFFIE PERRY BOSWORTH MO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. HELEN THAYLO. Bosworth MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of prostate with metastasis</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) _____ 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>177 X</u>
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>3/12/1954</u> , 19 <u>54</u> , to <u>4/4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/4</u> , 19 <u>55</u> and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Physician or other) <u>John Kellins MD</u>		23b. ADDRESS <u>Waverly, Missouri</u>	23c. DATE SIGNED <u>4/6/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 6-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WARTON</u>	24d. LOCATION (City, town, or county) (State) <u>5 M.S.E. Bosworth MO</u>
DATE REC'D BY LOCAL REG. <u>April 6-1955</u>	REGISTRAR'S SIGNATURE <u>Clayton A. Landrum</u>	154- <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leopard & Edwards Bosworth MO</u>

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 *David J. Edmund*

Licensed Embalmer No. *3265*

P. O. Address *Barnstable, Mass.*

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.