No. 300
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FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28694

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 73

1030

1. PLACE OF DEATH

a. COUNTY: Stoddard

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Twp Bernie-Rural

c. LENGTH OF STAY (in this place): 61 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-Rte. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Stoddard

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bernie-Rural

d. STREET ADDRESS (If rural, give location): Rte. 1

1030

3. NAME OF DECEASED (Type or Print)

a. (First): OMA b. (Middle): MAYE c. (Last): PERRY

4. DATE OF DEATH (Month) (Day) (Year): AUG. 11, 1955

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: June 15, 1877

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 1, Days 26 — IF UNDER 24 HRS.: 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 (State or foreign country): Wayne County, Illinois

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

13a. FATHER'S NAME: George Miller

13b. MOTHER'S MAIDEN NAME: Mary Smith

14. NAME OF HUSBAND OR WIFE: Wm. Perry, (Deceased)

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: Ellis Lowery, Bernie, Mo. Rte.1

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism and Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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. Chronic Nephritis — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 332 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) m.

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* July 30, 1955, *to* Aug 10, 1955, *that I last saw the deceased alive on* Aug 10, 1955, *and that death occurred at* 4:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F O Kelley D O

23b. ADDRESS: Bernie, Mo.

23c. DATE SIGNED: 8-13-55

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

24b. DATE: Aug.12,1955

24c. NAME OF CEMETERY OR CREMATORY: Bethany Cemetery

24d. LOCATION (City, town, or county) (State): Campbell, Mo. Rte.1

DATE REC'D BY LOCAL REG.: 8-25-55

REGISTRAR'S SIGNATURE: Delma D. Jenkins 401-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Landess Funeral Home, Campbell, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Christine M. Landers

Signed.....
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.