

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1904

State File No.

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Brookfield</u>)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Catherine</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors' Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>RFD #1 St. Catherine</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVIRA</u> b. (Middle) <u>PERRIN</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>January 2, 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22, 1878</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, Missouri</u>
13a. FATHER'S NAME <u>Taswell Finney</u>		13b. MOTHER'S MAIDEN NAME <u>Celia McCollum</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph E. Perrin</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. E. Perrin, St. Catherine, 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>accidental burn</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. <u>9/160</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>16</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>yellow creek Linn mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-2-56 1 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>clothing caught fire from gas range.</u>			
22. I hereby certify that I attended the deceased from <u>Jan 2, 1956</u> to <u>Jan 2, 1956</u> , that I last saw the deceased alive on <u>Jan 2, 1956</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Potter</u> (Degree or title)		23b. ADDRESS <u>200 Brookfield mo</u>	
23c. DATE SIGNED <u>1-4-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 4, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>		24d. LOCATION (City, town, or county) (State) <u>St. Catherine, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-5-56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u> 167-Dep	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>			

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

Student.....
Signature of Student Embalmer

Signed *Harold B. Wright*

Licensed Embalmer No...3718...

P. O. Address Brookfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.