

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5502

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5638 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa Rural Sniabar		c. CITY OR TOWN Odessa	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 4ys		STREET ADDRESS (If rural, give location) 3 miles South west	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi south West			

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Cra ton c. (Last) Perdue			4. DATE OF DEATH (Month) (Day) (Year) Feb 28 1956		
5. SEX Male		6. COLOR OR RACE Wn		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 17 1885		9. AGE (to years last birthday) 75		10. IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Vernon Co Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Wm Perdue		13b. MOTHER'S MAIDEN NAME Martha Nivens		14. NAME OF HUSBAND OR WIFE Clara Perdue	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Clara Perdue Odessa Mo	
(If yes, give war or dates of service)				ADDRESS _____	

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) Coronary Occlusion		DUE TO (b) Myocardial infarction			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Infarction of the heart			
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"/>	
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) (Min.)		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 _____, 1952, to 2-28, 1956, that I last saw the deceased alive on _____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clara Perdue		23b. ADDRESS Odessa Mo		23c. DATE SIGNED 2/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar 1 56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove	
				24d. LOCATION (City, town, or county) (State) Oak Grove Mo	

DATE REC'D BY LOCAL REG. Mar 2, 1956		REGISTRAR'S SIGNATURE Emma Davidson		25. FUNERAL DIRECTOR'S SIGNATURE Margaret Davidson	
				ADDRESS NEBB Funeral Home Oak Grove Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

R B Webb

Licensed Embalmer No. *235*

P. O. Address *Blue Springs*

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.