

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10034**BIRTH NO. **67508-56** REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Perryville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1242 West St. Joseph St.</b>			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Connie</b> b. (Middle) <b>Sue</b> c. (Last) <b>Miget</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 24, 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>October 24, 1956</b>		9. AGE (In years last birthday) <b>0</b>		10. IF UNDER 1 YEAR Days <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Perry County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>David Miget</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie McCrary</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>David Miget, Perryville, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u></b> <b>INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u></b>		19. MEDICAL CERTIFICATION ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) DUE TO (c)	
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) <b>Perryville, Mo. Perry</b>	
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 <b>birth</b> , 1955, to <b>Jan 24, 1956</b> that I last saw the deceased alive on <b>Jan 24, 1956</b> and that death occurred at <b>3 A.M.</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>W. L. Carr</b>		23b. ADDRESS <b>Perryville Mo</b>		23c. DATE SIGNED <b>2-24-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 25, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>		DATE REC'D BY LOCAL REG. <b>2-24-56</b>		REGISTRAR'S SIGNATURE <b>Joseph Zoellner</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b>		ADDRESS <b>Perryville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> washed  
by me, ~~XXXX~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Albert*

Licensed Embalmer No. 3

P. O. Address *Terray*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.