

FILED FEB 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

5469

Registration District No. 187Primary Registration District No. 5694Registrar's No. 64

| | | | | | |
|---|----------------------------------|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Livingston | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Livingston | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Blue Mound <u>0590</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On Highway #65. | | Length of stay in 1b | d. STREET ADDRESS East Blue Mound (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) OLIVER Hazzaed PERRY First Middle Last | | | 4. DATE OF DEATH Feb. 8th, 1957 Month Day Year | | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 16, 1884 | 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 7 Days 22 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 country) Sumner County, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Thomas Perry | | | 14. MOTHER'S MAIDEN NAME Elizabeth Ruddy | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no | | 16. SOCIAL SECURITY NO. 488-14-5741 | 17. INFORMANT Norman Perry, Chula, Missouri Address | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contusion of Heart + lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Contusion + Fracture of chest wall DUE TO (c) Instant PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Autos sideswiped on Highway 65 - 1 mi. south of Chillicothe, Mo | | | |
| 20c. TIME OF INJURY 2:15 P.M. Feb 8 '57 Hour Month, Day, Year | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 65 | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. CITY, TOWN, OR LOCATION Chillicothe, Livingston, Mo | | 20f. COUNTY as9 STATE | |
| 21. I attended the deceased from home , to _____ and last saw ^{her} him alive on _____ Death occurred at 2:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Joseph A. Conrad M.D. (Coroner) | | | 22b. ADDRESS Chillicothe, Mo | | 22c. DATE SIGNED Feb. 9-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Feb. 10, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Blue Mound | | 23d. LOCATION (City, town, or county) (State) Dawn, Missouri |
| 24. FUNERAL DIRECTOR Clifford W. Austin Tina, Missouri | | 25. DATE RECD. BY LOCAL REG. 2-9-57 | | 26. REGISTRAR'S SIGNATURE Frances B Reed | |

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public -
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Clifford W. Justice
Licensed Embalmer No. 323

P. O. Address Tina, Miss

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.