

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16408**

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **287**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Illinois b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau	c. LENGTH OF STAY (in this place) 1 da	c. CITY OR TOWN Cypress Ill	Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp.		No. STREET ADDRESS (If rural, give location) Cypress Ill R.F.D. #20	

3. NAME OF DECEASED (Type or Print) a. (First) Perry Robert b. (Middle) File c. (Last) File	4. DATE OF DEATH (Month) (Day) (Year) May - 18 - 1957
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5. SEX M	6. COLOR OR RACE W.S.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 2 - 1893	9. AGE (In years last birthday) 63	UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor	10b. KIND OF BUSINESS OR INDUSTRY C&O. R.R. Co.	11. BIRTHPLACE (City and State or Foreign Country) Cypress Ill	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME J.C. File	13b. MOTHER'S MAIDEN NAME Josephine Flight	14. NAME OF HUSBAND OR WIFE Ora File
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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. 708-14-9747	17. INFORMANT'S SIGNATURE OR NAME Ora File	ADDRESS Cypress Ill
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 3-2no
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Artemia & Artemia		
	DUE TO (c) Artemia & Artemia nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442.X			over past 1-2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb**, 19**57**, to **5-18**, 19**57**, that I last saw the deceased alive on **5-18**, 19**57**, and that death occurred at **5** m., from the causes and on the date stated above.

23a. SIGNATURE H. Schenck	(Degree or title)	23b. ADDRESS 214 N Pacific Cape Girardeau Mo	23c. DATE SIGNED 5-21-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 21 1957	24c. NAME OF CEMETERY OR CREMATORY Cypress Masonic	24d. LOCATION (City, town, or county) (State) Cypress Ill
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DATE REC'D BY LOCAL REG. 6-7-57	REGISTRAR'S SIGNATURE W.C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE John S. Miller	ADDRESS Verona Ill
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 12 1967

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 *L. J. Haman*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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.