

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.

FILED AUG 27 1957

STANDARD CERTIFICATE OF DEATH

28834

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 32

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Monroe.		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Township		c. CITY OR TOWN R.F.D. Perry, Mo.		d. STREET ADDRESS Jefferson Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. Perry, Mo.		Length of stay in 1b 6Yrs		(If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ALTA		Middle CLARK		Last		Month Aug Day 14 Year 1957	
5. SEX Female		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 Jan 22, 1902	
9. AGE (In years last birthday) 55		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Hannibal, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Duncan		14. MOTHER'S MAIDEN NAME Amanda Haney.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address George Clark. Perry, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Asphyxiation							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Epilepsy							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						3533	
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Jan. 5-57 , to Aug. 14-57 and last saw her alive on Aug 14 57 Death occurred at 10:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. T. Swan D.O.				22b. ADDRESS Perry, Missouri.		22c. DATE SIGNED 8-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		8-17-1957		Grandview Cemetery.		Hannibal, Mo.	
24. FUNERAL DIRECTOR ADDRESS Clyde Wilsey, Perry, Mo.				25. DATE RECD. BY LOCAL REG. 8-24-57		26. REGISTRAR'S SIGNATURE J. D. Barnett M.D.	

(Licensed Embalmer's Statement on Reverse Side)

License

Missouri

State

x

R. T. D. Perry, No. 38

x

John Duncan

George Clark, No. 38

John Duncan

Aug 14, 1927

Missouri

State

Jan 22, 1908

x

Female

U.S.A.

St. Louis, Mo.

Home

Honors

James Henry

John Duncan

George Clark, No. 38

To

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision..

Student Signature of Student Embalmer

Signed *Clyde Perry*

Licensed Embalmer No. 38

P. O. Address Perry

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

Comply with the above conditions 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 stated above