

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021032

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 627

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dawn 0590
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELMER Middle ELSWORTH Last PERRY			4. DATE OF DEATH Month June Day 12 Year 1958			
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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 Feb. 22, 1877	9. AGE (In years last birthday) 81	10. F UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas J. Perry	13b. MOTHER'S MAIDEN NAME Elizabeth Reddick	14. NAME OF HUSBAND OR WIFE Mary A.
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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. unknown	17. INFORMANT Mrs. Mary A. Perry, Dawn, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 1 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Myocarditis	5 yrs.
	DUE TO (c) Generalized Atherosclerosis 4221	10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic hyperplasia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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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.)
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20c. TIME OF INJURY Hour p.m. Month, Day, Year
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20d. INJURY OCCURRED WHILE AT <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 Chillicothe, Mo.	COUNTY Livingston	STATE Mo.
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21. I attended the deceased from 18 March 58 to 12 June 58 and last saw ^{her} him alive on 12 June Death occurred at 8:13 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Martin MD (Degree or title)	22b. ADDRESS 706 Fenwick St. Joseph, Mo	22c. DATE SIGNED 13 June 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6/13/1958	23c. NAME OF CEMETERY OR CREMATORY Welch Cemetery	23d. LOCATION (City, town, or county) (State) Chillicothe, Mo.
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24. FUNERAL DIRECTOR Walter Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. June 13, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Randall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 8 1962

*7:10 PM
Okey & Young 1962*

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 *Genl H. Smith*

Licensed Embalmer No. *3927*

P. O. Address *St. Joseph, Mo.*

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.