

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021393
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 61

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| 1. PLACE OF DEATH a. COUNTY Dent | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Lake Spring 0330 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Clinic | | Length of stay in 1b 7 days | d. STREET (If outside, give location) ADDRESS Watkins Township Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last OMER LEO PERRY | | | 4. DATE OF DEATH Month Day Year June 28, 1958 | |
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| 5. SEX Male <input checked="" type="checkbox"/> | 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 2-28-1905 | 9. AGE (In years last birthday) 53 | IF 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) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming | 11. BIRTHPLACE (City and state or country) Fayette Co. Ill. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Omer Perry | 13b. MOTHER'S MAIDEN NAME Martha Lee | 14. NAME OF HUSBAND OR WIFE Mary E. Bowles Perry |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Address Mary E. Bowles Perry Lake Spring, 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) <u>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | 4201 |
| 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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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 Month, Day, Year a.m. p.m. | 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 |
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| 21. I attended the deceased from <u>3/1/53</u> to <u>6/28/58</u> and last saw ^{him} alive on <u>6/28/58</u> Death occurred at <u>2:20 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>Martin M. Hart M.D.</u> (Degree or title) | 22b. ADDRESS <u>Salem, Missouri</u> | 22c. DATE SIGNED <u>6/29/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7/1/58 | 23c. NAME OF CEMETERY OR CREMATORY Lake Spring Cem. | 23d. LOCATION (City, town, or county) (State) Lake Spring, Mo. |
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| 24. FUNERAL DIRECTOR <u>Carl J. Glenn</u> ADDRESS 1100 Elm, Rolla, Mo. | 25. DATE RECD. BY LOCAL REG. 6/28/58 | 26. REGISTRAR'S SIGNATURE <u>M. M. Hart M.D. L.P.M.</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ML, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Glavin

Licensed Embalmer No. 4707
P. O. Address Rolla, 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.