Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000214
STATE FILE NUMBER

JAN 19 1959 Registration District No. 38 Primary Registration District No. 3606 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U.M.M.C. — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: Rolla — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Lecoma Star Route — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Deborah — Middle: Kay — Last: Perry

4. DATE OF DEATH: Month: January — Day: 9 — Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: January 8, 1959

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 19 / Min. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Columbia, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Raymond Richard Perry

13b. MOTHER'S MAIDEN NAME: Betty Frances Marshall

14. NAME OF HUSBAND OR WIFE: —

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.: None

17. INFORMANT: Mother — Address: Rolla, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Erythroblastosis Fetalis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Maternal isoimmunization to Rh factor
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PREMATURITY 38 1/2 weeks 7705

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7:27 P.M 1/8/59 to 12:34 1/9/59 and last saw her/him alive on 1/9/59 @ 12:34
Death occurred at 12:34 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walter Ray Hepner Jr M.D.
22b. ADDRESS: Medical Center, M.U., Columbia
22c. DATE SIGNED: 1-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 1-10-59
23c. NAME OF CEMETERY OR CREMATORY: Dept of Path. Univ. of Mo.
23d. LOCATION (City, town, or county): Columbia — (State): Mo.

24. FUNERAL DIRECTOR — ADDRESS
25. DATE RECD. BY LOCAL REG.: Jan. 15, 1959
26. REGISTRAR'S SIGNATURE: Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 No embalming, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Fred Randell M.D.

Licensed Embalmer No.....

P. O. Address.....

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.