

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006631

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 34

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rolla</b>		c. CITY OR TOWN <b>ST. James</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Phelps Co. Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>12 E.</b>	
3. NAME OF DECEASED First <b>Francis</b> Middle <b>M.</b> Last <b>Perrott</b>		4. DATE OF DEATH Month <b>2</b> Day <b>26</b> Year <b>59</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 4, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>←</b>	9. AGE (In years last birthday) <b>77</b>
11. BIRTHPLACE (City and state or country) <b>Phelps Co. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Frank Perrott</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Perry</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Perrott.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>←</b>	
16. SOCIAL SECURITY NO. <b>←</b>		17. INFORMANT <b>Mary Perrott (wife) - St. James, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute Right Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <b>Chronic Myocarditis</b>			<b>10 years</b>
DUE TO (c) <b>Arteriosclerotic Fibrosclerosis</b>			<b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4331</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <b>Jan. 1956</b> to <b>Feb. 26, 1959</b> and last saw him alive on <b>2/26/59</b> Death occurred at <b>9 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James J. Perrott MD.</b>		22b. ADDRESS <b>Rolla, Missouri</b>	
22c. DATE SIGNED <b>2/22/59</b>		22d. (State)	
23a. BURIAL, CREMATION, REBOYAL (Specify) <b>BURIAL</b>		23b. DATE <b>2-28-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Flat-Grove Cem.</b>		23d. LOCATION (City, town, or county) <b>Phelps Co. MO</b>	
24. FUNERAL DIRECTOR <b>Orat E. Lechler</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 27, 1959</b>	
26. REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		26. (State)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Oral E. Liebklieder

Licensed Embalmer No. 3544

P. O. Address St James

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.