

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011920
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 319 Primary Registration District No. Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <i>St. Genevieve</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>St. Genevieve</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jackson</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>0950</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>J.R. Bloomsdale</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>J.R. Bloomsdale, Mo</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>George Wilbur Perry</i>			4. DATE OF DEATH Month Day Year <i>MAR 28 1959</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG 4, 1866</i>	9. AGE (In years last birthday) <i>92</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Benton, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13a. FATHER'S NAME <i>Milton Perry</i>		13b. MOTHER'S MAIDEN NAME <i>Parizzitta Darnell</i>		14. NAME OF HUSBAND OR WIFE <i>MARY B. STAFFORD</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Mrs Dallas Sparks - Bloomsdale, Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Senility</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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.) <i>42cc</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>June 1957</i> to <i>March 1959</i> and last saw her alive on <i>March 3, 1959</i> . Death occurred at <i>March 28 11:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In case or title) <i>Joseph F. Lintworth MD</i>			22b. ADDRESS <i>St Marys Mo</i>		22c. DATE SIGNED <i>3/30/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>3-30-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Concord</i>		23d. LOCATION (City, town, or county) (State) <i>J.R. Bloomsdale, Mo</i>	
24. FUNERAL DIRECTOR <i>James A. Austin</i>		ADDRESS <i>St. Genevieve Mo</i>	25. DATE RECD. BY LOCAL REG. <i>3/30/59</i>	26. REGISTRAR'S SIGNATURE <i>Luella B. Batten</i>	

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

Student
Signature of Student Embalmer

Signed *James V. Staulo*

Licensed Embalmer No. *3817*

P. O. Address *Sto. Benigno St.*

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.