

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035605

FILED VS. OCT 29 1959 77

Registration District No. Primary Registration District No. 3016

Registrar's No. 301

STATE FILE NUMBER

ENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY			Length of stay in 1b 1 WEEK		c. CITY OR TOWN TEBBETS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First OPAL Middle * * * * * Last PERREY			4. DATE OF DEATH Month OCTOBER Day 27, Year 1959										
5. SEX FEMALE		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, 1889		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 8 Days 3 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE				10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) LINN, MO., RFD			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME JOHN GRIFFITH				13b. MOTHER'S MAIDEN NAME MAY GYSER				14. NAME OF HUSBAND OR WIFE EDMOND J. PERREY					
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.		17. INFORMANT Address EDMOND J. PERREY, TEBBETS., MO., RFD.							
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><i>Pneumonia diffuse bilateral</i></u>										INTERVAL BETWEEN ONSET AND DEATH <u><i>7 days</i></u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u><i>Depressive Reaction</i></u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.		Month, Day, Year _____											
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		
21. I attended the deceased from <u><i>Oct. 16, 1959</i></u> to <u><i>Oct 27, 1959</i></u> and last saw her/him alive on <u><i>Oct 27, 1959</i></u> Death occurred at _____ <u><i>2:00</i></u> P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u><i>L.B. Telleba M.D.</i></u>						22b. ADDRESS <u><i>Jefferson City, Mo</i></u>			22c. DATE SIGNED <u><i>10-28-59</i></u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u><i>Burial</i></u>		23b. DATE <u><i>10/29/1959</i></u>		23c. NAME OF CEMETERY OR CREMATOR <u><i>Fairview Christian</i></u>				23d. LOCATION (City, town, or county) <u><i>Osage County Missouri</i></u>					
24. FUNERAL DIRECTOR <u><i>Clyde Horton</i></u> , <u><i>Linn, Mo.</i></u>					25. DATE RECD. BY LOCAL REG. <u><i>28 October 1959</i></u>			26. REGISTRAR'S SIGNATURE <u><i>R.D. Davis, M.D. Registrar, Dep.</i></u>					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Vernon M. Morton

Licensed Embalmer No. *4125*

P. O. Address *Lincoln 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.