

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020438

FILED VS JUN 8 1960

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cullen Township</u>		c. CITY OR TOWN <u>Bell City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Waynesville, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>---</u> Last <u>Perry</u>			4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>60</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7-14-24</u>	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>	11. BIRTHPLACE (City and state or country) <u>Bell City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Alvin Perry</u>	13b. MOTHER'S MAIDEN NAME <u>Pearl (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 15 yrs, 9 mos.</u>	16. SOCIAL SECURITY NO. <u>515-12-8825</u>	17. INFORMANT <u>Robert L. Rippee, Ft Leonard Wood, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardiac arrest</u>		
DUE TO (b) <u>Rupture of heart</u>		
DUE TO (c) _____		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>skull fracture</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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile accident</u>
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20c. TIME OF INJURY Hour <u>8:30</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year <u>5-22-60</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>5 Mi. E. Waynesville Highway 66</u>	COUNTY <u>Pulaski</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 8:50 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Hans H Baruch</u> (Name and title) <u>HANS H. BARUCH, MC</u>	22b. ADDRESS <u>Ft Leonard Wood, Mo</u>	22c. DATE SIGNED <u>23 May 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-24-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	23d. LOCATION (City, town, or county) (State) <u>BELL CITY Mo.</u>
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24. FUNERAL DIRECTOR <u>T. J. SHADEL</u> ADDRESS <u>Lebanon, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-24-60</u>	26. REGISTRAR'S SIGNATURE <u>Paula Anderson</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 15 1961

MAR 23 1961

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 Gene E. Hunt

Licensed Embalmer No. 4739

P. O. Address Spfld, 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.