

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 28 1960

-60-026342

Registration District No. 9 Primary Registration District No. _____ Registrar's No. 35 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairport		Length of stay in 1b 3 days	c. CITY OR TOWN Osborn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas Perry home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Arthur Middle Leslie Last Perry			4. DATE OF DEATH Month 7 - Day 8 - Year 60		
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5. SEX Male	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 1-12-1879	9. AGE (last birthday) 81	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) Retired	10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (City and state or country) Wyoming	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Charles Perry	13b. MOTHER'S MAIDEN NAME Flora Moss	14. NAME OF HUSBAND OR WIFE Lennie Perry
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT Address Chas Perry Fairport Mo,
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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 12 hrs ?
IMMEDIATE CAUSE (a) Coronary Occlusion		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerosis	
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 Fairport	COUNTY DeKalb	STATE Mo
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21. I attended the deceased from **7/7/60** to **7/8/60** and last saw him alive on **7/7/60**
Death occurred at **2:30 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Shirald Fowler M.D.	22b. ADDRESS Maysville Mo	22c. DATE SIGNED 7/9/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-10-60	23c. NAME OF CEMETERY OR CREMATORY Fairport	23d. LOCATION (City, town, or county) (State) Fairport Mo
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24. FUNERAL DIRECTOR John Brown	ADDRESS Maysville Mo	25. DATE RECD. BY LOCAL REG. 7-21-60	26. REGISTRAR'S SIGNATURE Carole Davidson
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Licensed Embalmer No. 3933

P. O. Address maysville 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.