

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043684

STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 2945 Registrar's No. 58

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 11 1962

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dillon Twp		c. CITY OR TOWN Dillon Twp	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If outside, give location) Dillon Twp	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Emile H. Perrott			4. DATE OF DEATH December 1, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-189+
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 8 Days 4	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Phelps Co, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Perrott Sr.	
13b. MOTHER'S MAIDEN NAME Bertha Rieck		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W.I		17. INFORMANT 300 W. Opal Mrs. Homer Wilson, St. James, Mo.	
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>Asphyxiation</u> DUE TO (b) <u>Drowning</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Possible Heart Attack</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 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 out of control</u>	
20c. TIME OF INJURY Apr. 9 12/1/62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bourbeuse River</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Dillon Twp.	COUNTY Phelps	STATE Mo.
21. I attended the deceased, from _____ and last saw him alive on _____ Death occurred at <u>Apr. 9 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul E. Hull Coroner</u>		22b. ADDRESS <u>Rolla, Missouri</u>	22c. DATE SIGNED <u>12/3/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-4-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Flat Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Phelps Co, Mo.</u>
24. FUNERAL DIRECTOR <u>Jesse Gahr, St. James, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>12-3-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
0810
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11 0815
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USE BLACK INK OR TYPEWRITER RIBBON

DEC 18 1962

DEC 19 1962

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 C. Jesse Gahr

Licensed Embalmer No. 4486
P. O. Address 2005 Meramec St. James, 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.