

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-036871**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 127

**FILED SEP 27 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon</b>		c. CITY OR TOWN <b>Bevier</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Samaritan Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Bevier, Mo.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARY ANN PERRY</b>		4. DATE OF DEATH Month Day Year <b>Aug. 26 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/5/1874</b>
9. AGE (last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country). <b>Macon Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. NAME OF HUSBAND OR WIFE <b>Edward L. Perry</b>	
13a. FATHER'S NAME <b>Samuel Rudkin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Footit</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		15. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
16. INFORMANT <b>Edward L. Perry</b>		17. ADDRESS <b>Bevier, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Circulatory Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hr.</b>
DUE TO (b) <b>Prolonged recumbency due to gangrene of rt. foot</b>			<b>15 days</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension, chronic uremia</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Month, Day, Year a.m. p.m.	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 <b>Oct. 1962</b> to <b>Aug. 26, 1963</b> and last saw her alive on <b>Aug. 25, 1963</b> Death occurred at <b>8:10 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Bevier, Mo.</b>	
22c. DATE SIGNED <b>9-3-63</b>			
23a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/29/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Oakwood</b>	23d. LOCATION (City, town, or county) (State) <b>Bevier Missouri</b>
24. FUNERAL DIRECTOR <b>Edwards Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>9-8-63</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DEC 13 1963

Returned for more information 7-9-63.

**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 Philip E. Blum

Licensed Embalmer No. 5182

P. O. Address Wacona 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.