

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050607
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 251

FILED JAN 14 1964

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>1085</u>				
2 <u>1085</u>				
3				
4 <u>1</u>				
5 <u>0</u>				
6				
7 <u>1</u>				
8 <u>2</u>				
<u>9/201</u>				
10				
11				
12 <u>1-0</u>				
13 <u>1-0</u>				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>510 East Allison</u>	
3. NAME OF DECEASED (Type or print) First <u>KATHERINE</u> Middle <u>FRANCES</u> Last <u>PERRY</u>		4. DATE OF DEATH Month <u>December</u> Day <u>31</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-31-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Whitehall, Illinois</u>
13a. FATHER'S NAME <u>Zeb Perry</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Glen Greenlee, Nevada, Missouri</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. Glen Greenlee, Nevada, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute Cold or Arthritis Deformans</u>		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"/> <u>none</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>	
20c. TIME OF INJURY Hour <u>10:30</u> Month, Day, Year <u>Dec 27-1963</u>		20f. CITY, TOWN, OR LOCATION <u>Nevada Vernon Mo.</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>At home</u>	
21. I attended the deceased from <u>Dec 27-1963</u> to <u>Dec 31-1963</u> and last saw her alive on <u>Dec 31-1963</u> . Death occurred at <u>10:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>1-4-64</u>	
22a. SIGNATURE <u>W. P. Love, M.D.</u>		22b. ADDRESS <u>Nevada, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>January 2, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park Nevada Missouri</u>	
24. FUNERAL DIRECTOR <u>Ferry Funeral Home Nevada, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Anna S. Ferry</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1964

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

L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Novada, Missouri

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.