

FILED SEP 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25361

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 (Specify whether years, months or days)
 In this community 10 days

3. (a) PRINT FULL NAME

Karold Lee Outry
 3. (b) If veteran, name war WW 2
 3. (c) Social Security No. 488-32-9878

4. Sex M. 5. Color or race N. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Peggy Outry 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased July 14 - 1927
 (Month) (Day) (Year)

8. AGE: Years 21 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Mexico
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Contractor

12. Name Outry

13. Birthplace Don't know 9
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Peggy Outry

(b) Address Hellville, Mo.

17. (a) Burial (Burial, cremation, or removal) (Date thereof) Aug 24-48
 (Month) (Day) (Year)

(c) Place: burial or cremation Hellville, Mo.

18. (a) Signature of funeral director B. H. Halls

(b) Address Hellville, Mo.

19. (a) 8-29-48 (b) Blanche Neely
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70
 (c) City or town Hellville, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 16, 1948, to Aug. 26, 1948,
 that I last saw him alive on Aug. 26, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure Duration 1/2 hr.

Due to Coronary Peritonitis 10 days

Due to Embolic gastric ulcer 24 hrs.

Other conditions 117A
 (Include pregnancy within 3 months of death)

Major findings: Coronary Peritonitis PHYSICIAN

Of operations Perforated gastric ulcer
 Of autopsy Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature M. D. Heston (M. D. or other) MD

Address Mexico, Mo. Date signed 8/28/48

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SEP 3 1944

SEP 2 1944

RECEIVED

District Health Officer No.

District File Number 9.48.13

Date Filed SEP 7 - 1944

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 Self.

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

H B Kells

Licensed Embalmer No.

1588

P. O. Address

Kellsville 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 this body is not embalmed, fact should be so stated above.