

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11090
Registrar's No. 94

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Central Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Central Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perryville, R#4.		d. STREET ADDRESS (If rural, give location) Perryville, R#4.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Phillomine	
c. (Last) Elder		4. DATE OF DEATH (Month) (Day) (Year) December 26, 1948	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 27, 1856
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Perry County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sebastian Pecaut		13b. MOTHER'S MAIDEN NAME Constant Bareche	
14. NAME OF HUSBAND OR WIFE William F. Elder		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ed. Elder, Perryville, Mo. R#4.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> 162 B		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Myocardial failure</i></u> ANTECEDENT CAUSES DUE TO (b) <u><i>Infants of age</i></u> DUE TO (c) <u><i>Coronar of Perry County, Mo.</i></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u><i>Coronar of Perry County, Mo.</i></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u><i>Natural</i></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u><i>Perryville</i></u> <u><i>Perry</i></u> <u><i>Mo</i></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u><i>3</i></u>	
22. I hereby certify that I attended the deceased from <u><i>Coronar of Perry County, Mo.</i></u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u><i>W. W. Waldman</i></u> <u><i>Coronar of Perry County, Mo.</i></u>		23b. ADDRESS <u><i>Perryville</i></u>	
23c. DATE SIGNED <u><i>12/27/48</i></u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u><i>Burial</i></u>	24b. DATE <u><i>Dec. 28, 1948</i></u>	24c. NAME OF CEMETERY OR CREMATORY <u><i>Mt. Hope Cemetery</i></u>	24d. LOCATION (City, town, or county) (State) <u><i>Perryville, Mo.</i></u>
DATE REC'D BY LOCAL REG. <u><i>12-27-48</i></u>	REGISTRAR'S SIGNATURE <u><i>Joe J. Zedler</i></u> <u><i>250</i></u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u><i>Albert Bay, Perryville Mo.</i></u>	

790

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 149-22
Date Filed 1-3-49

[Handwritten scribbles]

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.

Signed Albert Berg

Signed _____
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.