

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4670

State File No.

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4202 Registrar's No. 5

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| 1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u> | c. LENGTH OF STAY (in this place) (township) <u>73-8-5</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLIE</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>PERRY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 6 1949</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY-31-1875</u> | | 9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u> IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>GRUNDY CO. MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>CHARLES PERRY</u> | 13b. MOTHER'S MAIDEN NAME <u>SARAH NEWTON</u> | 14. NAME OF HUSBAND OR WIFE <u>MEDA PERRY</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>500-14-7908</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Archie Perry Spickard Mo.</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>19 Days</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from Jan 18, 1949, to Feb 3, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Edw. Erwin M.D.</u> | 23b. ADDRESS <u>Spickard Mo.</u> | 23c. DATE SIGNED <u>2-7-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>FEB-8-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>JOHNSON, CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 8, 1949</u> | REGISTRAR'S SIGNATURE <u>Addie Cooper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schooler Funeral Home Spickard Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *ROSS WISE*

Signed.....
Student Embalmer

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.