No. 300
10-48

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16577

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5722 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): College Md. Rural
c. LENGTH OF STAY (in this place): MORROW
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): College Mound Rural
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle):
c. (Last): Perrin

4. DATE OF DEATH (Month) (Day) (Year): 5 2 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-11-1874
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Kaseyville Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Johnson Buster
13b. MOTHER'S MAIDEN NAME: Betty A. Malone
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S SIGNATURE OR NAME: Harry Ratliff — ADDRESS: College Md. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — unknown
DUE TO (c): Hypertension Arterial — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hemorrhage cerebral old — 4 mo

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* 11-29, 1948, *to* 5-2, 1949, *that I last saw the deceased alive on* 5-2, 1949, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Macon Mo
23c. DATE SIGNED: 5-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-4-49
24c. NAME OF CEMETERY OR CREMATORY: Hebron Cemetery
24d. LOCATION (City, town, or county) (State): College Mound Mo.

DATE REC'D BY LOCAL REG.: 5/21/49
REGISTRAR'S SIGNATURE: Ruth McNeely 185
25. FUNERAL DIRECTOR'S SIGNATURE: H. G. Edwards — ADDRESS: Bevier, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 5-49-9
Date Filed MAY 25 1949

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 H. G. Edwards

Signed .....
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address Lewis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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