

FILED AUG 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22502**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>BATES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICH HILL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICH HILL</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>223 E. WALNUT</b>		<b>223 E. WALNUT ST.</b>	

3. NAME OF DECEASED (Type or Print) <b>JAMES WILLIAM PERRY</b>			4. DATE OF DEATH <b>JULY - 24 - 1949</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL-11-1886</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>STAMPING GROUND-KENTUCKY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>BRECKENRIDGE PERRY</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZA PARKER</b>		14. NAME OF HUSBAND OR WIFE <b>BELLE PERRY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. BELLE PERRY</b>	
				ADDRESS <b>RICH HILL, MO.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b>	
		ANTECEDENT CAUSES <b>Hypertension</b>			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>V44X</b>	

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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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? _____	

22. I hereby certify that I attended the deceased from 1946 to July 21, 1949, that I last saw the deceased alive on July 21, 1949, and that death occurred at 4:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>July 25 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY-27-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN</b>	
				24d. LOCATION (City, town, or county) (State) <b>RICH HILL, MISSOURI</b>	

DATE REC'D BY LOCAL REG. <b>July 25-1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
				ADDRESS <b>[Address]</b>	

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

RECEIVED

District Health Officer No. 7

District File Number 149-920

Date Filed 8-2-49

---

---

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 .....  
Student Embalmer

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.