

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33307

BIRTH NO. _____		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 104			
1. PLACE OF DEATH a. COUNTY <i>Clay</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clay</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Excelsior Springs</i>		c. LENGTH OF STAY (in this place) <i>no</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Holt Rural</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Excelsior Eggs Hospital</i>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Billy</i> b. (Middle) <i>Gene</i> c. (Last) <i>Perrin</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 18 1949</i>						
5. SEX <i>Male</i>		6. COLOR OR FAIR <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>January 22nd 1925</i>			
9. AGE (In years last birthday) <i>24</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Gen. Fam work</i>		11. BIRTHPLACE (State or foreign country) <i>Clay Co Missouri</i>			
						12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>			
13a. FATHER'S NAME <i>William W. Perrin</i>			13b. MOTHER'S MAIDEN NAME <i>Edna A. Dodd</i>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>War #2 18 mos 487-34-7459</i>		17. INFORMANT'S SIGNATURE OR NAME <i>William W. Perrin</i>		ADDRESS <i>Holt-Mo</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES <i>Crowned Cor</i>					
*Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <i>36234</i> <i>52</i>					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <i>car accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <i>county road</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Washington Twp. Clay Mo.</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 1 49 11:15 P.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>crushed by overturning in own car.</i>					
22. I hereby certify that I attended the deceased from _____, 19____, 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) <i>Keller B. Magistrate City of Independence</i>				23b. ADDRESS <i>Liberty Mo</i>		23c. DATE SIGNED <i>10-4-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct 3rd</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anteroch</i>		24d. LOCATION (City, town, or county) (State) <i>Near Holt Mo</i>			
DATE REC'D BY LOCAL REG. <i>10/1/49</i>		REGISTRAR'S SIGNATURE <i>Baseline Hutchings</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lernard Fry</i>		ADDRESS <i>Kearney</i>			

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

RECEIVED OCT 14 -
District Health Officer *AJC*,
District File Number _____
Date Filed 10-15-49

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 Leonard Fry
Licensed Embalmer No. 1677

P. O. Address Kearney 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.