

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13999**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Perryville Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville Mo.</b>	
c. LENGTH OF STAY (In this place) <b>8 1/2</b>		d. STREET ADDRESS (If rural, give location) <b>North Main St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>William</b>	c. (Last) <b>Prim</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>April 7 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <del>UNMARRIED</del> <b>MARRIED</b>	8. DATE OF BIRTH <b>May 30 1865</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Perry Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Francis Prim</b>	13b. MOTHER'S MAIDEN NAME <b>Darcus Black</b>	14. NAME OF HUSBAND OR WIFE <b>Nillie Corse Prim</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Nillie Prim</b>	ADDRESS <b>Perryville Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sup. dur. Hemorrhage</b>	DUE TO (b) <b>Senility</b>		<b>3 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Capillary Heart</b>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			<b>3-31X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	<b>Perryville Perry Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **Apr. 4, 1950**, to **Apr. 7, 1950**, that I last saw the deceased alive on **Apr. 7, 1950**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE <b>J. P. Wiley M.D.</b> (Degree or title)	23b. ADDRESS <b>Perryville Mo.</b>	23c. DATE SIGNED <b>4/8/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 10 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>York Chapel Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>York Chapel Perry Co. Mo</b>
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DATE REC'D BY LOCAL REG. <b>Apr 9-1950</b>	REGISTRAR'S SIGNATURE <b>Jose J. Zoellner</b> <b>250</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons Perryville Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300

v. 10-48

RECEIVED

APR 20 1950

DISTRICT HEALTH OFFICE No. 4

File No. \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 2138

P. O. Address Perryville Mo.

Signed \_\_\_\_\_  
Student Embalmer

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.