

No. 300
10-48

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17700

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 105 West Marshall 1201	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location) El Dorado Springs, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 West 4th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) Mason c. (Last) Perry			4. DATE OF DEATH (Month) (Day) (Year) May 5, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 3, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Days 7	IF UNDER 1 HR. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME William Perry		13b. MOTHER'S MAIDEN NAME Mary Garrett		14. NAME OF HUSBAND OR WIFE Ella Sands Perry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. M. Perry, Eldorado Springs	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema				INTERVAL BETWEEN ONSET AND DEATH 343X
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) History (Cerebral Hem. & Insanity)				
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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 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 April 26, 1950, to April 26, 1950, that I last saw the deceased alive on April 26, 1950, and that death occurred at 8:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE Walter E. Houston M.D. (Degree or title)		23b. ADDRESS 322 W 4th Sedalia Mo		23c. DATE SIGNED 5-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-8-50		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
24d. LOCATION (City, town, or county) Windsor, Missouri					

DATE REC'D BY LOCAL REG. 5-8-1950		REGISTRAR'S SIGNATURE Walter E. Houston		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Houston-Turner Windsor, Mo.	
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(Licensee Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 22

District Health Officer No. 8,

District File Number

Date Filed 5/22/50

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

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Hindsor, Md.

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.