

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23325**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **709**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield	c. LENGTH OF STAY (in this place) 2da	c. CITY (If outside corporate limits, write RURAL and give township) Springfield 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp		d. STREET ADDRESS (If rural, give location) 1124 W. Scott	

3. NAME OF DECEASED (Type or Print)	a. (First) Kenneth	b. (Middle) Merle	c. (Last) Perryman	4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 4. 1913	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 11 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Bookkeeping		11. BIRTHPLACE (State or foreign country) Morrisville Mo	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thos. J. Perryman	13b. MOTHER'S MAIDEN NAME Renda J. Tyndall	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-05-2266	17. INFORMANT'S SIGNATURE OR NAME June Behring	ADDRESS Springfield, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 274X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Admission Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown cause DUE TO (c) Bronchectasis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-6 10:30** to **8-7 8**, 19**50**, and that death occurred at **2:30** m., from the causes and on the date stated above.

23a. SIGNATURE E. R. Perryman	(Degree or title)	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 8-7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-7-50	24c. NAME OF CEMETERY OR CREMATORY Slagle	24d. LOCATION (City, town, or county) (State) Bolivar Mo
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DATE REC'D BY LOCAL REG. 8-7-50	REGISTRAR'S SIGNATURE W. E. Hardy	25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

L. Leakin Gorman

Signed.....
Student Embalmer

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.