

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27545

FILED SEP 15 1950

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 310

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>622 Vine St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u> b. (Middle) <u>F.</u> c. (Last) <u>Perry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	
8. DATE OF BIRTH <u>Dec. 22, 1907</u>		9. AGE (In years last birthday) <u>43</u>		10. <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 6 YEARS <input type="checkbox"/> 7 YEARS <input type="checkbox"/> 8 YEARS <input type="checkbox"/> 9 YEARS <input type="checkbox"/> 10 YEARS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>FLOYD F Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Lena M Fisher</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lena Spencer, 622 Vine Harrison Mo</u>	

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) <u>Carcinoma of stomach with metastatic lesions to vital organs</u>		DUE TO (b) <u>antecedent causes</u>		6 mos.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				151X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 116 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C. J. Condit</u>		23b. ADDRESS <u>1201 Polkway</u>		23c. DATE SIGNED <u>9/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Harrison Marion Mo</u>	

DATE REC'D BY LOCAL REG. <u>9-6-50</u>		REGISTRAR'S SIGNATURE <u>W. M. Tucker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnel Harrison Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 11 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 14 1950

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.....
Student Embalmer

Signed Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.