

FILED SEP 14 1950

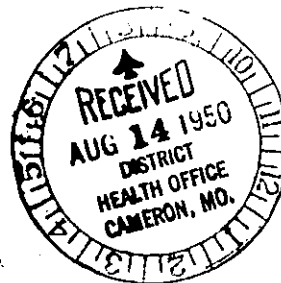
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27561  
Registrar's No. 54

|                                                                                                                                                                                                                                                         |                                  |                                                                                                                                                                                                                               |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                                         |                                  | REG. DIST. NO. 210                                                                                                                                                                                                            |                                                                                                                                       | PRIMARY REG. DIST. NO. 4022                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Mercer</b>                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO.</b> b. COUNTY <b>Mercer</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Princeton</b>                                                                                                                                                                |                                  | c. LENGTH OF STAY (In this place)<br><b>Life</b>                                                                                                                                                                              |                                                                                                                                       | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Princeton</b>                                                                                                                                                                                                                                                                                                                                       |                                                |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                                                                                                                                                                                                                 |                                  |                                                                                                                                                                                                                               | d. STREET ADDRESS (If rural, give location)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                  |                                  | a. (First) <b>James</b>                                                                                                                                                                                                       |                                                                                                                                       | b. (Middle) <b>Perry</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |
|                                                                                                                                                                                                                                                         |                                  | c. (Last) <b>Alley</b>                                                                                                                                                                                                        |                                                                                                                                       | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 4, 1950</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                                                                                                                                                      | 8. DATE OF BIRTH<br><b>June 19, 1858</b>                                                                                              | 9. AGE (In years last birthday)<br><b>92</b>                                                                                                                                                                                                                                                                                                                                                                                   | 10. IF UNDER 1 YEAR<br>Months Days Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>                                                                                                                                           |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                             |                                                                                                                                       | 11. BIRTHPLACE (State or foreign country)<br><b>Mercer Co. Mo.</b>                                                                                                                                                                                                                                                                                                                                                             |                                                |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                                                                                                                                           |                                  | 13a. FATHER'S NAME<br><b>Thomas Alley</b>                                                                                                                                                                                     |                                                                                                                                       | 13b. MOTHER'S MAIDEN NAME<br><b>Eaton</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
| 14. NAME OF HUSBAND OR WIFE<br><b>Mary Alley-deceased</b>                                                                                                                                                                                               |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no no</b>                                                                                                      |                                                                                                                                       | 16. SOCIAL SECURITY NO.<br><b>no</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Edna A. Pryke Knowxville, Iowa</b>                                                                                                                                                                              |                                  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                                                                                                                                       | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Senility</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br><b>Princeton Mercer MO</b>                                                                                                                                                                                                                                                                                                                                                    |                                                |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |
| 22. I hereby certify that I attended the deceased from <b>June 1, 1940</b> , to <b>Aug 4, 1950</b> , that I last saw the deceased alive on <b>Aug 4, 1950</b> and that death occurred at <b>10 P.</b> m., from the causes and on the date stated above. |                                  |                                                                                                                                                                                                                               |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| 23a. SIGNATURE<br><b>J. M. Perry MD</b>                                                                                                                                                                                                                 |                                  | 23b. ADDRESS<br><b>Princeton MO</b>                                                                                                                                                                                           |                                                                                                                                       | 23c. DATE SIGNED<br><b>Aug 5-50</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                              |                                  | 24b. DATE<br><b>8-6-50</b>                                                                                                                                                                                                    |                                                                                                                                       | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Alley Ceme.</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                |
| 24d. LOCATION (City, town, or county) (State)<br><b>Mercer Co. Mo.</b>                                                                                                                                                                                  |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Martin Funeral Home Princeton, Mo.</b>                                                                                                                                                 |                                                                                                                                       | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |

(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.

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3760

P. O. Address Camerton, 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.