

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41406

FILED JAN 12 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3040 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Norborne</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>City Limits</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERLINA</u> b. (Middle) <u>AMERY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jan. 22, 1883</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teaching</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Amery</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna E. Wilsizer</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>	
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. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Amery Braymer, Mo.</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hyperthromic Anemia</u>	
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) <u>Chillicothe</u> <u>Carroll</u> <u>Mo</u>	
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 <u>Aug 24, 1950</u> , to <u>Dec 27, 1950</u> , that I last saw the deceased alive on <u>12/27, 1950</u> , and that death occurred at <u>11:25 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. M. Dowell, M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>1/2/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec. 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	24d. LOCATION (City, town, or county) (State) <u>Braymer, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Jan-9-51</u>	REGISTRAR'S SIGNATURE <u>Francis D. Nash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michael, Braymer, Mo.</u>	

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

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MAR 2 1951

NO FEE  
ENGAGED  
JAN 11 1951

**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 \_\_\_\_\_

*Gene C. Michael*

Signed \_\_\_\_\_

~~Student Embalmer~~

Licensed Embalmer No. *4340*

P. O. Address \_\_\_\_\_

*Braymer, 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.