

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41453

State File No.

FILED DEC 29 1950

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5731 Registrar's No. 16

0610

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> <u>0610</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goldsberry</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goldsberry</u> <u>0</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) <u>Emma</u>			a. (First)	b. (Middle)	c. (Last) <u>Perrin</u>
4. DATE OF DEATH <u>December 6 1950</u>			(Month)	(Day)	(Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 21 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elisha B. Lile</u>		13b. MOTHER'S MAIDEN NAME <u>Emerine Turner</u>		14. NAME OF HUSBAND OR WIFE <u>C.C. Perrin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Guy W. Burt</u> ADDRESS <u>Goldsberry Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Rectum</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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
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)	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>July</u> , 19 <u>49</u> , to <u>Dec. 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 3</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Philip A. Ottman, M.D.</u> (Degree or title)			23b. ADDRESS <u>Marceline Mo.</u>		23c. DATE SIGNED <u>Dec. 11, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 8 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Helton</u>	24d. LOCATION (City, town, or county) (State) <u>North West of Goldsberry Mo</u>		
DATE RECD BY LOCAL REG. <u>12/10/50</u>	REGISTRAR'S SIGNATURE <u>Daphne Howerton</u> <u>194</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. McCollum</u> ADDRESS <u>South Gifford Mo</u>		

RECEIVED 12.19.50
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.50-230
Date Filed 12.28.50

(19)

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 *W. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.