

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7162**
 BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (in this place) 4 years		d. STREET ADDRESS (If rural, give location) 765 South English	
d. FULL NAME OF HOSPITAL OR INSTITUTION 765 South English		d. STREET ADDRESS (If rural, give location) 765 South English	

3. NAME OF DECEASED (Type or Print)	a. (First) Bertha	b. (Middle) Perry	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Feb. 27th, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 13, 1876.	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months II Days 14	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Erastus B. Perry	13b. MOTHER'S MAIDEN NAME Almira M. Parker	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Lennie Smith, Marshall, Missouri.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metrolinsufficiency		3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) aortic stenosis DUE TO (c) General anasarca		5 yrs 3 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			410X

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR X
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22. I hereby certify that I attended the deceased from **Nov 2, 1950** to **Feb 27, 1951**, that I last saw the deceased alive on **Feb 27, 1951**, and that death occurred at **6:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Brittain M.D.	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 2-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mch. 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri.
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DATE REC'D BY LOCAL REG. Feb. 28-1951	REGISTRAR'S SIGNATURE Sidney J. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS-MARSHALL-MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

972

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RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 3-5-51 -----

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

R. W. Campbell Jr.

Signed
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address *Marshall W.*

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.