

FILED MAY 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. **13477**  
Registrar's No. **32**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5914**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Brazeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Brazeau</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b>		b. (Middle) <b>R.</b>	
		c. (Last) <b>Rhyme</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>April 27 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 9 1902</b>
9. AGE (In years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	11. BIRTHPLACE (State or foreign country) <b>Shanghai China</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Edward E. Carion</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Da Gloria Carion</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie Rhyme</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jessie Rhyme Seventy Six Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis General</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		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)	
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>Dec 18 1950</b> , to <b>April 27 1951</b> , that I last saw the deceased alive on <b>April 26 1951</b> , and that death occurred at <b>2:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Theodore Fischer M.D.</b> (Degree or title)		23b. ADDRESS <b>Altamburg Mo</b>	23c. DATE SIGNED <b>4/27/51</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 29 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shiloh Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Perry Co. Mo.</b>
DATE REC'D BY LOCAL REG. <b>May 1-1951</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zollner</b> <b>250</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Young &amp; Sons Perryville Mo</b>	

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

RECEIVED

MAY 9 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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 Wallace Young

Signed.....  
Student Embalmer

Licensed Embalmer No. ~~462~~ 4027

P. O. Address Perryville 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.