

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14585

FILED MAY 12 1951

State File No. 4069
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 4069		Registrar's No. 1003						
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Tenn. b. COUNTY Shelby										
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 25 days		c. CITY OR TOWN Memphis		8410								
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) 1627 Lamar St. apt #3										
3. NAME OF DECEASED (Type or Print) Kelley			a. (First)			b. (Middle)			c. (Last) Perdue			4. DATE OF DEATH (Month) (Day) (Year) April 9 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 15 1893		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painters Foreman		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.		11. BIRTHPLACE (State or foreign country) Texarkana, Tex.				12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME Starr Perdue				13b. MOTHER'S MAIDEN NAME Rosa Laird				14. NAME OF HUSBAND OR WIFE Rosa Lee Perdue						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Rosa Lee Perdue, Memphis, Tenn. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins disease INTERVAL BETWEEN ONSET AND DEATH 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.												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) (Min.)								
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 201X												
22. I hereby certify that I attended the deceased from April 3, 1951 , to April 29, 1951 , that I last saw the deceased alive on April 29, 1951 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.														
23a. SIGNATURE A.M. Boyd M.D. (Degree or title)				23b. ADDRESS Missouri Pacific Hospital				23c. DATE SIGNED 4-29-51						
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-29-51		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) Memphis, Tenn.						
DATE REC'D BY LOCAL REG. APR 30 1951		REGISTRAR'S SIGNATURE A. B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.								

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

MAY 25 1951

4069

MAY 22 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John D. Bantley

Licensed Embalmer No. 3653

Signed _____
Student Embalmer

P. O. Address _____

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.