

FILED OCT 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31076

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Illinois Mo.</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. James</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. James</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Federal Soldier Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Sea J.</i> b. (Middle) <i>Perry</i> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 26-51</i>		
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Divorced 3</i>	
8. DATE OF BIRTH <i>April 19, 1884</i>		9. AGE (In years last birthday) <i>67</i>		10. UNDER 1 YEAR Days <i>5</i> 11. UNDER 12 HRS. Hours <i>16</i> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>					

13a. FATHER'S NAME <i>Don't know</i>		13b. MOTHER'S MAIDEN NAME <i>Don't know</i>		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) <i>yes World War I</i>		16. SOCIAL SECURITY # <i>356-a3-9339</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Soldiers Home Office</i> ADDRESS <i>St. James?</i>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Peritonitis Necessa</i>				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) <i>4/56X</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Surgical Amputation leg.</i>					

19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>none</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from *Aug 8, 1951*, to *Sept. 26, 1951*, that I last saw the deceased alive on *Sept. 26, 1951*, and that death occurred at *3 A.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James D. Butts M.D.</i>		23b. ADDRESS <i>St. James, Missouri</i>		23c. DATE SIGNED <i>10/8/51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Sept. 26-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Soldiers Home Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. James Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>10-8-51</i>		REGISTRAR'S SIGNATURE <i>Cara E. Birmingham</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Oral E. Lickle</i> ADDRESS <i>St. James Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

0810

Oct 17 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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Oral E. Tichler

Licensed Embalmer No. *3546*

P. O. Address *St James MD*

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.