

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **290**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 99

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | |
| c. LENGTH OF STAY (If in this place) <u>life</u> | | d. STREET ADDRESS (If rural, give location) <u>2315 Bartlett St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>EUGENE</u> | b. (Middle) <u>EDWARD</u> | c. (Last) <u>PERRY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 16, 1952</u> |
|-------------------------------------|--------------------------|---------------------------|------------------------|---|

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|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Feb 29, 1888</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Co.</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>James Perry</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE <u>Lillie Agnes Perry</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>491-10-8610</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie A. Perry</u> | ADDRESS <u>2315 Bartlett</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Perineal abscess</u> | | <u>5 days</u> |
| DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>1/14/42</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Perineal abscess - severe</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ | 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 Jan 14, 1952, to Jan 16, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Bernard W. Andrews</u> | (Degree or title) _____ | 23b. ADDRESS <u>902 Edmond St., St. Joseph</u> | 23c. DATE SIGNED <u>1-17-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/19/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 28, 1952</u> | REGISTRAR'S SIGNATURE <u>Carl C. Caley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u> | ADDRESS <u>St. Joseph, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St Joseph, 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.