S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 7 1952

State File No. 9150

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 25

0672
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Commercial St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt 0670
d. STREET ADDRESS (If rural, give location): Gen. Del. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lonnie
b. (Middle):
c. (Last): Perry

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1952

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Nov. 5, 1923
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months 4, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Halls, Tenn. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jonas Perry
13b. MOTHER'S MAIDEN NAME: Francis Davis
14. NAME OF HUSBAND OR WIFE: Ida Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II.
16. SOCIAL SECURITY NO.: 344-24-7290
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Francis Perry, P.O.Box 344, Wyatt, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in right breast, inflicted with 32 cal. Automatic Pistol, resulting in bleeding to death of victim.

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.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E981X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Wyatt, Mo Public Place
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wyatt, Mississippi, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3/22/1952 6:30PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Wound inflicted by A. J. Partee, Wyatt, Mo.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Rammelee Jr. Coroner 3
23b. ADDRESS: Charleston, Mo.
23c. DATE SIGNED: 3/24/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: March 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: March 28, 1952
REGISTRAR'S SIGNATURE: Mrs. Lex Kilgore 439
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F. L. Sparks, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 1 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed APR 5 1952

APR 7 1952

APR 7 1952

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 _____
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.

F. G. Sparks