

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17519**

FILED MAY 21 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6963</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>Platte</u> <u>0830</u> <u>3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u> <u>1936</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Platte City</u> <u>RFD</u>		c. LENGTH OF STAY (In this place) <u>7 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Platte City</u> <u>RFD</u> <u>10</u>		TOWN <u>Platte City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 71 G.M.H.</u>				d. STREET ADDRESS (If rural, give location) <u>6 miles N. of Parkville</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>James</u> c. (Last) <u>Perrin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 - 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov 5 - 1933</u>		9. AGE (In years last birthday) <u>18</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	11. IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Army</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Air Force</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		
13a. FATHER'S NAME <u>Gleo H Perrin</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Fowler</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>Present time</u>		16. SOCIAL SECURITY NO. <u>Present time</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Louise Perrin</u>		ADDRESS <u>Platte City Mo</u>		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile accident -</u> <u>hit with a truck on Highway # 71. 2 miles So of # 71 and 71 by Pass north of Parkville.</u> DUE TO (b) <u>Hit with a truck on Highway # 71. 2 miles So of # 71 and 71 by Pass north of Parkville.</u> DUE TO (c) <u>Hit with a truck on Highway # 71. 2 miles So of # 71 and 71 by Pass north of Parkville.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>E 8161</u> <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>083</u>				
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 <u>2:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John W. Lowmiller</u> <u>3</u> <u>acting coroner</u>				23b. ADDRESS <u>Platte City Mo</u>		23c. DATE SIGNED <u>May 5/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 9 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City</u> <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>may 11-52</u>		REGISTRAR'S SIGNATURE <u>Alpha Pallini</u> <u>057</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deland K Francis</u>		ADDRESS <u>Parkville</u> <u>MO</u>		

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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.