No. 300
10.48

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FILED SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28811

State File No.

BIRTH NO. REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY OR TOWN JACKSON TWP. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 1 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RT. 1, PARIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - So. FORK TWP.
d. STREET ADDRESS (If rural, give location) SANTA FE 0693

3. NAME OF DECEASED (Type or Print) a. (First) LEOTA b. (Middle) ROUSSEAU c. (Last) PERRY
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 6, 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JULY 28, 1873
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and State or Foreign Country) IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HOWARD ROUSSEAU
13b. MOTHER'S MAIDEN NAME JANE SAPP
14. NAME OF HUSBAND OR WIFE ARTHUR PERRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ANDY YUSCO, PARIS, MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy (Hemiplegia Rt. side) — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — N.K.

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 None
19b. MAJOR FINDINGS OF OPERATION 334X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1939, *to* Sept. 6, 1952, *that I last saw the deceased alive on* Sept. 6, 1952, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. A. Barnett (Degree or title) O.M.D.
23b. ADDRESS PARIS, MO
23c. DATE SIGNED 9-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 9-8-1952
24c. NAME OF CEMETERY OR CREMATORY SANTA FE CEM.
24d. LOCATION (City, town, or county) (State) SANTA FE, MO.

DATE REC'D BY LOCAL REG. 9-8-52.
REGISTRAR'S SIGNATURE J. A. Barnett M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey
ADDRESS PARIS, MISSOURI

(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 E. L. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.