

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41892

State File No. ....

FILED JAN 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5357 Registrar's No. 102

0310

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Daviess</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>McFall, Mo.</u> c. LENGTH OF STAY (In this place) <u>52 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>McFall, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>George</u> b. (Middle) <u>Emil</u> c. (Last) <u>Persinger</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-31-52</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Aug 31, 1887</u>
<b>9. AGE</b> (In years) (Last birthday) <u>65</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Mins. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>McFall, Mo.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Thomas B. Persinger</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Eliza Jane Gromer</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Hattie B. Persinger</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Hattie B. Persinger, McFall, Mo.</u>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of the descending colon</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>8 mos</u>	
<b>19a. DATE OF OPERATION</b> <u>May 1952</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>cancer</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>153X</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (a.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>May</u> , 19 <u>52</u> , to <u>Dec 31</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 31, 1952</u> , and that death occurred at <u>8:00P m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>John J. Gorman M.D.</u>		<b>23b. ADDRESS</b> <u>Pattonsburg, Mo</u>	
<b>23c. DATE SIGNED</b> <u>1/2/53</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>1-4-52</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>McFall Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>McFall, Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Requiescent Mortuary Pattonsburg, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>12-31-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Requiescent Mortuary</u>	

MAR 22 1953

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

*Lucius Quast*

Licensed Embalmer No. 4096

P. O. Address Pattersonburg, 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.