

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42613**

RECEIVED

S. No. 300
V. 10.48

FILED DEC 30 1952

REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>5623</u>
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		
c. LENGTH OF STAY (In this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1720 BIRD</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>L.</u> c. (Last) <u>PERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 . 19 . 52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>7/21/1924</u>	9. AGE (In years last birthday) <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or to which retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>LOCAL DUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOPLIN, MO.</u>
10a. <u>MUSICIAN UNION 620 AF of M.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JESSE L. PERRY</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE BUZZARD</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>		16. SOCIAL SECURITY NO. <u>YES. W. N. 496-20-2860</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jane L. Perry</u> ADDRESS <u>1720 BIRD</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NODKINS DISEASE</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) _____ 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>24RS.</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) <u>201X</u>
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?
22. I hereby certify that I attended the deceased from <u>10-25</u> , 19 <u>52</u> , to <u>12-19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>52</u> , and that death occurred at <u>10a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>D. Douglas, M.D.</u>		23b. ADDRESS <u>Frisco Bldg. Joplin</u>		23c. DATE SIGNED <u>12/22/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt HOPE CEMETERY</u>
		24d. LOCATION (City, town, or county) (State) <u>WORTH CITY MO</u>		
DATE REC'D BY LOCAL REG. <u>12-23-52</u>		REGISTRAR'S SIGNATURE <u>Ed. B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLEY GLOVER</u> ADDRESS <u>MOFTUARY</u>

(Licensed Embalmer's Statement on Reverse Side)

JOPLIN MO

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

495

D. Douglas

RECEIVED 12-29-52
Jasper County Health Office

County File Number 52/12/1009

Date Filed 12-29-52

OCT 4 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 *Edwin M. Dungey* _____

Licensed Embalmer No. *3566* _____

P. O. Address *Jasper 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.