

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1953

State File No. \_\_\_\_\_

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 8

**1. PLACE OF DEATH**

a. COUNTY MONITEHU

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) OAK STREET

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission.)

a. STATE MISSOURI b. COUNTY MONITEAU

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA

d. STREET ADDRESS (If rural, give location) 0

**3. NAME OF DECEASED** (Type or Print)

a. (First) HANNA b. (Middle) SEELEY c. (Last) PERIN

**4. DATE OF DEATH** (Month) (Day) (Year)  
JAN 25, 1953

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow

**8. DATE OF BIRTH** Jan. 22, 1854 **9. AGE** (In years last birthday) 99 **IF UNDER 1 YEAR** Months \_\_\_\_\_ Days \_\_\_\_\_ **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** \_\_\_\_\_

**11. BIRTHPLACE** (City and State or Foreign Country) Louis County, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** LEVI BOWEN **13b. MOTHER'S MAIDEN NAME** MARIA ZUCK **14. NAME OF HUSBAND, OR WIFE** HOMER PERIN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** \_\_\_\_\_

**17. INFORMANT'S SIGNATURE OR NAME** CORAL PERIN, CALIFORNIA, MO. **ADDRESS** \_\_\_\_\_

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Arteriosclerosis

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

**II. OTHER SIGNIFICANT CONDITIONS** 4500

**INTERVAL BETWEEN ONSET AND DEATH** \_\_\_\_\_

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_

**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) California Moniteau MO

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **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** Jan. 15, 1953 **and that I last saw the deceased alive on** Jan. 25, 1953 **and that death occurred at** 1:15 p.m. **from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) D. D. Quinn L.D. **23b. ADDRESS** California **23c. DATE SIGNED** 1/26/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL **24b. DATE** 1/27/53 **24c. NAME OF CEMETERY OR CREMATORY** QUEEN CITY CEMETRY **24d. LOCATION** (City, town, or county) (State) SCHUYLER COUNTY, MO.

**DATE REC'D BY LOCAL REG.** 1/27/53 **REGISTRAR'S SIGNATURE** N. L. Poryoyt **25. FUNERAL DIRECTOR'S SIGNATURE** WILLIAMS FUNERAL HOME, CALIFORNIA, MO **ADDRESS** \_\_\_\_\_

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.