

No. 300  
10. 48  
3

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4985

State File No. ....

FILED MAR 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 63

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u> |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cotton Hill Township</u>                                    |  |
| c. LENGTH OF STAY (in this place) <u>20 days</u>   |  | 0350  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>                             |  | d. STREET ADDRESS (If rural, give location)   |  |

|   |                           |   |  |  |   |
|---|---------------------------|---|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Chalmer</u> b. (Middle) <u>R</u> c. (Last) <u>Perick</u> |                           |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 - 1953</u>      |  |   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>1912-9-2</u>                                 | 9. AGE (In years last birthday) <u>40-5-15</u> | IF UNDER 1 YEAR Months Days             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>    |                           | 10b. KIND OF BUSINESS OR INDUSTRY                               | 11. BIRTHPLACE (State or foreign country) <u>Malden Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <u>Harve L Perick</u>   | 13b. MOTHER'S MAIDEN NAME <u>Ethel Knight</u> | 14. NAME OF HUSBAND OR WIFE <u>Laura Ruth Perick</u>                           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>498-10-1906</u>    | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura Ruth Perick - Malden Mo</u> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart</u> <u>Stomach Nephritis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>590X</u>               |  |                                  |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 1-22, 1953, to 2-17, 1953, that I last saw the deceased alive on 2-17, 1953, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

|   |  |   |
|---|--|---|
| 23a. SIGNATURE (Degree or title) <u>W. Blumhagen, M.D.</u>                    | 23b. ADDRESS <u>Poplar Bluff, Mo.</u>                    | 23c. DATE SIGNED <u>2-21-1953</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                       | 24b. DATE <u>2-19-53</u>                                 | 24c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial</u>            |
| 24d. LOCATION (City, town, or county) (State) <u>North of Malden Missouri</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas C Knight Malden Mo</u> |
| DATE REC'D BY LOCAL REG. <u>Feb. 21 - 1953</u>                                | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-0</u> |   |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 27 1951  
BUTLER CO. HEALTH CENTER  
FILE No. 253-104

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Malden, Mass

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.