

FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8479

State File No.

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salena</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mc Fall</u> <u>0380</u>	
c. LENGTH OF STAY (In this place) <u>about 10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Howard</u>	b. (Middle) <u>✓</u>	c. (Last) <u>Persinger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20-1953</u>
-------------------------------------	--------------------------	----------------------	----------------------------	---

5. SEX <u>m</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 24-1891</u>	9. AGE (In years last birthday) (Month) (Day) (Year) <u>61-3-26</u>	IF UNDER 1 YEAR IF UNDER 1 HR. <u>0</u>
-----------------	-----------------------------	---	-------------------------------------	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. J.S. James Co. Construction</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mc Fall Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>Cassell Persinger</u>	13b. MOTHER'S MAIDEN NAME <u>Linda Teel</u>	14. NAME OF HUSBAND OR WIFE <u>Haldie S. Persinger</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>480-038-649</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Persinger - Texas</u>	ADDRESS _____
--	--	--	---------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Curemway of Stomach</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.			

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)
--	--	---

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 Jan 1953 to 20 Dec 1953, that I last saw the deceased alive on 15- Dec, 1953, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Murray M.D.</u> (Degree or title)	23b. ADDRESS <u>Salena Mo</u>	23c. DATE SIGNED <u>20 Dec 1953</u>
---	-------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 22-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Branson Memorial Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Branson Mo.</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Feb. 21-53</u>	REGISTRAR'S SIGNATURE <u>Ms. J. E. Brown</u>	3170.	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest L. Cheatham</u>	ADDRESS <u>Salena Mo</u>
--	--	-------	--	--------------------------

W. J. Murray (Licensed Embalmer's Statement on Reverse Side)

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

1040

MAY 5 " 1958

OCT 11 1958

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salina 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.