No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12953

State File No.

FILED APR 6 1953

BIRTH NO. REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6110 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Gatland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (West Twp.
c. LENGTH OF STAY (In this place): [redacted]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Independence Twp.
d. STREET ADDRESS (If rural, give location): 0980

3. NAME OF DECEASED (Type or Print)
a. (First): Ava
b. (Middle): Pearl
c. (Last): Perry

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 19, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Downing, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George T. Perry
13b. MOTHER'S MAIDEN NAME: Ann M. Collins
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Chas. Riley — **ADDRESS**: Downing, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Valvular Deficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Kidneys mind was
DUE TO (c) In Hospital Fulton

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death dont Know all. 4214

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: no Operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No Injury
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): no
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* March 29 *19*53 *to* March 24, *19*53, *that I last saw the deceased alive on* March 29 *19*53, *and that death occurred at* March 22 *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Gerwig (Degree or title): M.D.
23b. ADDRESS: Downing Mo.
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Camp Ground
24d. LOCATION (City, town, or county) (State): Downing Mo.

DATE REC'D BY LOCAL REG.: 4/1/53
REGISTRAR'S SIGNATURE: Vera G. Turner 4763
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Moore Funeral Home Downing, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Neal Payne

Signed.....
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis 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.