

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16853

State File No.

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4522 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Harwood</u>	c. LENGTH OF STAY (in this place) <u>4 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harwood</u> <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)
 a. (First) LENORA b. (Middle) _____ c. (Last) Perfold
 4. DATE OF DEATH (Month) (Day) (Year) May 2 1953

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 22 1865</u>	9. AGE (In years) (last birthday) <u>87</u>	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) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Fondulac Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME Peter Henry Ahrens 13b. MOTHER'S MAIDEN NAME Louise Dick 14. NAME OF HUSBAND OR WIFE Thomas George Perfold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Ruby E Leak ADDRESS Harwood 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy
 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 3 days

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) 334X

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 30 April, 1953, to 2 May, 1953, that I last saw the deceased alive on 2 May, 1953, and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Will 23b. ADDRESS El Dorado Springs, Mo. 23c. DATE SIGNED 3 May 53

24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial 24b. DATE May 4, 1953 24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery 24d. LOCATION (City, town, or county) (State) Schell City Mo.

DATE REC'D BY LOCAL REG. 5-4-1953 REGISTRAR'S SIGNATURE Bliss B. Daily 463 25. FUNERAL DIRECTOR'S SIGNATURE Lewis & Son ADDRESS Schell City, Mo.

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

80
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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

Marion M. Lewis

Licensed Embalmer No. *3084*

P. O. Address *Schell City, 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.