No. 300
10.48

FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17139

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 593

1. PLACE OF DEATH
a. COUNTY Buchanan 011 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph
c. LENGTH OF STAY (In this place) 254-92-158
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Charlton 02 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charlton - RURAL
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Audry
b. (Middle)
c. (Last) Perrin

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1953

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH not given

9. AGE (In years last birthday) 46 — 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) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Perrin

13b. MOTHER'S MAIDEN NAME Dora Barr

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME John Perrin **ADDRESS** Marceline 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) Accidental Strangulation — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Dementia Praecox — 26 years
DUE TO (c) Woman was in restraint tied to a wall fixe, slid off her chair and was strangulated by the straight jacket which pulled tight under her chin and around her neck — E 9257 46 131

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about building, factory, street, office bldg., etc.) State Hospital No 2.
21c. (CITY, TOWN, OR TOWNSHIP) St Joseph **(COUNTY)** Buchanan **(STATE)** Mo.

21d. TIME OF INJURY (Month) May (Day) 20 (Year) 1953 (Hour) 11:50 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Slid off a chair while tied in restraint

22. I hereby certify that I ~~attended~~ viewed the deceased from May 5-20, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 A m., from the causes and on the date stated above.

23a. SIGNATURE H F Mundy M.D. (Coroner) **(Degree or title)**
23b. ADDRESS St Joseph Mo
23c. DATE SIGNED 5/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-21-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Marceline, Mo. (State)

DATE REC'D BY LOCAL REG. May 22, 1953
REGISTRAR'S SIGNATURE Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sedenfaden **ADDRESS** 1802 Union St
(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo.

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

JUL 23 1953

JUL 10 1953

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 Robert L. Yagle

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.