

# STANDARD CERTIFICATE OF DEATH

21192

State File No. \_\_\_\_\_

FILED JUN 19 1953

REG. DIST. NO. 108

PRIMARY REG. DIST. NO. 4179

Registrar's No. 5

350

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

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>BUTLER.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SNATH</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>FISK</b> <b>D1201</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) <b>Rural Route</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>ANDREW</b> c. (Last) <b>PERVIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-30-53</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG. 5, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (has birthday) <b>77</b>
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
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) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W.G. Pervis</b>	
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.		19. ADDRESS <b>Snath MO.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary Thrombosis</b> <b>Coronary Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> <b>3 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
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 <b>May 15, 1953</b> , to <b>May 30, 1953</b> , that I last saw the deceased alive on <b>May 30, 1953</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Walter P. Pervis</b>		23b. ADDRESS <b>Kennett Mo</b>	
23c. DATE SIGNED <b>6/5/53</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Little Vine C.E.M.</b>	
23e. LOCATION (City, town, or county) (State) <b>Brookline MO.</b>		23f. DATE OF BURIAL <b>BURIAL</b>	
23g. DATE RECD BY LOCAL REG. <b>6-12-53</b>		23h. REGISTRAR'S SIGNATURE <b>Mrs. J. H. Taylor</b>	
23i. REGISTRAR'S SIGNATURE <b>Blond Russell</b>		23j. FUNERAL DIRECTOR'S SIGNATURE <b>Blond Russell</b>	
23k. ADDRESS <b>Blond Russell</b>		23l. ADDRESS <b>Blond Russell</b>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 6-17-53 .....

COUNTY FILE NUMBER ..... 653-169 .....

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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 me

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leroy J. Tyler .....

Licensed Embalmer No. 1001 Ark. .....

P. O. Address Piggott Ark. .....

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.