

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24039**

FILED JUL 29 1953

BIRTH NO.

REG. DIST. NO. **43**PRIMARY REG. DIST. NO. **3007**Registrar's No. **310**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If designation: residence before admission). a. STATE Ark b. COUNTY Lawrence	
b. CITY OR TOWN Poplar Bluff		c. CITY OR TOWN Walnut Ridge	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 wks		e. STREET ADDRESS (If rural, give location) E. Elm 8030 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			
3. NAME OF DECEASED a. (First) Nancy b. (Middle) Elvira c. (Last) Jane Perryman			4. DATE OF DEATH (Month) (Day) (Year) July 19 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 3 1886
9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Oregon Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME George Dobbs	13b. MOTHER'S MAIDEN NAME Margaret Barnes	14. NAME OF HUSBAND OR WIFE John Perryman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Harry Hufstader ADDRESS 1108 Merritt Poplar Bluff 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) Cerebrovascular thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 mos ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 151X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Remouhage Recurrent	
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 July 19 1953 , to July 19 1953 , that I last saw the deceased alive on July 19 1953 , and that death occurred at 4:40 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. C. Bryan M.D.		23b. ADDRESS 321 Oak Poplar Bluff Mo.	23c. DATE SIGNED 24 July 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 20, 1953	24c. NAME OF CEMETERY OR CREMATORY Sparkman	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.
DATE REC'D BY LOCAL REG. 7/25/53	REGISTRAR'S SIGNATURE R. H. Thumtree	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Bryan ADDRESS Hoxie Ark	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 27 1953
BUTLER CO. HEALTH CENTER

FILE No. _____

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~~ *at Hoxie, Ark*, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *W.C. Bryan*
Ark Licensed Embalmer No. *48*
P. O. Address *Hoxie, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.