

5. No. 300  
v. 10.48

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28155  
Registrar's No. 20-1953

0280

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

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5372</u>		Registrar's No. <u>20-1953</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, give RURAL and give township) <u>Cuba (Crawford)</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, give RURAL and give township) <u>Cuba (Crawford) (Crawford)</u>		d. STREET ADDRESS (If rural, give location) <u>A.R. #3 0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>T.R. #3</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theda</u> b. (Middle) <u>Perry</u> c. (Last) <u>Staley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-14-1953</u>				
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>9-28-1952</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Assoc MFG</u>		11. BIRTHPLACE (State or foreign country) <u>Irvingville, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Jefferson Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Emily</u>		14. NAME OF HUSBAND OR WIFE <u>Hollie K. Staley (wid)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>431-20-3873</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Hollie K. Staley, Jr. Cuba, Mo.</u>			
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) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES <u>Norbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Metastatic from Breast</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>				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) (m.)		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 <u>Aug 13, 1953</u> , to <u>Aug 14, 1953</u> , that I last saw the deceased alive on <u>Aug 13, 1953</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.B. Killings, D.O.</u>				23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>8-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/15/1953</u>		REGISTRAR'S SIGNATURE <u>Paul C. Anderson</u>		372		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul C. Anderson, Cuba, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

VS JUL 31 1959

AUG 20 1959

AUG 8 1959

AUG 22 1959

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 *Paul R. Handlin*  
Licensed Embalmer No. *3472*  
P.O. Address *St. Louis, 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.