

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38002

State File No.

FILED NOV 2- 1953

REG. DIST. NO. 328

PRIMARY REG. DIST. NO. 6118

Registrar's No.

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY OR TOWN Perkins		c. CITY OR TOWN Perkins	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 1600	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan & Zwick			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Melvina c. (Last) Story			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 18, 1873
9. AGE (In years last birthday) 80		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) Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Thomas Terpin	
13b. MOTHER'S MAIDEN NAME Becky Jane Frolic		14. NAME OF HUSBAND OR WIFE Joe Story	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Thomas H. McDaniels, Perkins, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) diabetes mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age DUE TO (c) 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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) (Min.)		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 Jan 10 1951 , to Sept 30, 1953 , that I last saw the deceased alive on Sept 30, 1953 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Wm Savault M.D.		23b. ADDRESS Delta mo	
23c. DATE SIGNED Oct 16 - 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1953	
24c. NAME OF CEMETERY OR CREMATORY Williams Cemetery		24d. LOCATION (City, town, or county) (State) Perkins, Missouri	
DATE REC'D BY LOCAL REG. 11-2-53		REGISTRAR'S SIGNATURE Lyle A. Bridger	
25. FUNERAL DIRECTOR'S SIGNATURE Wm H Morgan		ADDRESS Advance, Mo.	

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

1000

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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William H. Morgan*.....

Licensed Embalmer No. *4640*.....

P. O. Address *Advance*.....

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.