Dr. McDaniel

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39881

State File No. .....

FILED DEC 9 1953

BIRTH NO. ..... REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4398 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Bemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holland
c. LENGTH OF STAY (in this place): 59 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

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

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Perry
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 11-29-53

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-17-1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 6, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Repairing
11. BIRTHPLACE (State or foreign country): Louisville Ky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Bill Perry
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Eunice Perry

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: Mrs Eunice Perry — ADDRESS: Holland 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): Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 dys

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): chronic myocarditis
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: 4222
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/27, 1953, *to* 11/29, 1953 *that I last saw the deceased alive on* 11/27/53, 19____, *and that death occurred at* 9:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H J McDaniel M.D.
23b. ADDRESS: Holland Mo
23c. DATE SIGNED: 12/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-53
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion
24d. LOCATION (City, town, or county) (State): Steele Mo

DATE REC'D BY LOCAL REG.: 12-4-53
REGISTRAR'S SIGNATURE: S. L. Hinson 249
25. FUNERAL DIRECTOR'S SIGNATURE: Gennon Undt Co — ADDRESS: Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

12-382-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHO
CARUTHERSVILLE.

DEC 5 1953

DEC 8 1953

DEC 6

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 _____

_____,

working under my personal supervision.

Student Embalmer No. _____

Signed John H. Herman

Signed _____
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.