

FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5517

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 55

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Livingston | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY Livingston | |
| b. CITY OR TOWN Chillicothe | | c. CITY (If outside corporate limits, write RURAL and give township) Chillicothe 0592 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital | | d. STREET ADDRESS (If rural, give location) 809 Locust St | |

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|---|--------------------|---|---|--|------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Morrison c. (Last) Perrine | | | 4. DATE OF DEATH (Month) (Day) (Year) 2-2-55 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept-8-71 | | 9. AGE (In years last birthday) 83 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and State or Foreign Country) MO. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME William Beat | | 13b. MOTHER'S MAIDEN NAME Margaret Morrison | |
| 14. NAME OF HUSBAND OF DECEASED Stephen Perrine | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. no | |
| 17. INFORMANT'S SIGNATURE OR NAME Roberta Perrine | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | INTERVAL BETWEEN ONSET AND DEATH 1 mo | |

| | | | | | |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1946, to Feb 2, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 8:30 A.M., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE V O Vandewick | | 23b. ADDRESS Chillicothe Mo | | 23c. DATE SIGNED 5 Feb 55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-4-55 | | 24c. NAME OF CEMETERY OR CREMATORY Wheeling Cem | |
| 24d. LOCATION (City, town, or county) Wheeling | | 24e. (State) MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Burkett Chillicothe | |

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|----------------------------------|--|---------------------------------------|--|--|--|
| DATE REC'D BY LOCAL REG Feb 5-55 | | REGISTRAR'S SIGNATURE Frances B. Neal | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Burkett Chillicothe | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 22 87

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 *[Signature]*

Licensed Embalmer No. 3227

P. O. Address Chillicothe, 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.