

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7603

FILED APR 12 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 26

0251

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

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. CITY OR TOWN <u>CAMERON</u>	
c. LENGTH OF STAY (in this place) <u>3 yr.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 F 2<sup>nd</sup> St</u>		e. STREET ADDRESS (If rural, give location) <u>320 F 2<sup>nd</sup> ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>HANNA</u> c. (Last) <u>Perdue</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 22 55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MARCH 29-1893</u>
9. AGE (in years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Polo Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN L CHANK</u>		13b. MOTHER'S MAIDEN NAME <u>MATERN HENRIK</u>	
13c. NAME OF HUSBAND OR WIFE <u>Willis Perdue</u>		14. NAME OF HUSBAND OR WIFE	
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>500-07-3793</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bill Donald Cameron</u>		17. ADDRESS <u>Dues</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Hypertension</u>		10 yrs	
DUE TO (c) <u>Generalized arteriosclerosis</u>		10 yrs	
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 <u>331X</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)		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>8-23</u> , 19 <u>23</u> , to <u>3-22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>54</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>B F Hetherington MD</u>		23b. ADDRESS <u>Cameron Mo</u>	
23c. DATE SIGNED <u>3-24-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>MARCH 25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parise Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Polo Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wimfred W. Moser</u>	
DATE REC'D BY LOCAL REG. <u>4-6-55</u>		REGISTRAR'S SIGNATURE <u>Wimfred W. Moser</u>	

**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.....  
*Robert J. Polan*

Licensed Embalmer No. *471*  
P. O. Address *225 W. 1st St. Columbus, Ohio*

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.