

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19404

State File No.

FILED JUN 17 1955

Registrar's No. 100

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5722

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morrow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morrow 0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Callao</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Callao</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u> b. (Middle) <u>Josephene</u> c. (Last) <u>Perrin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1955</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>June 5, 1871</u>	9. AGE (In years, last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
----------------------	-------------------------------	---	--------------------------------------	--	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Marshall Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Powell</u>	14. NAME OF HUSBAND OR WIFE <u>Dec.</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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Perrin</u>	ADDRESS <u>Macon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural But Undetermined</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Found Dead in Bed</u> DUE TO (c) <u>7953</u>		
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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at App. 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lester Nettou 3 Coronor</u>	23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>June 10, 55</u>
---	--------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McQuerry Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Byramville, Mo.</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6/11/55</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Nettou</u>	ADDRESS <u>Macon, Mo.</u>
---	---	---	---------------------------

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

No. 300
10.48

610
1

RECEIVED 6.16.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.55.86
Date Filed 6.17.55

JUN 28 1955

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 Charles L. Sutton

Licensed Embalmer No. 4577

P. O. Address MACON, 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.