

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22759

State File No. ....

FILED JUL 25 1955

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

0550

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>5646</u>		Registrar's No. <u>56</u>		
1. PLACE OF DEATH a. COUNTY <u>Lawrence Co.</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.1 Marionville</u>		c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		c. CITY OR TOWN <u>Marionville Route 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buck Prairie Twp.</u>				e. STREET ADDRESS (If rural, give location) <u>0550</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emory</u> b. (Middle) <u>Allen</u> c. (Last) <u>Perry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>August 1 1886</u>		
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>11</u>		11. DAYS <u>19</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Lawrence Co. Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William N. Perry</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Weaver</u>		14. NAME OF HUSBAND OR WIFE <u>Arvie Myrl Perry</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>487-24-1585</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. A. Perry, Marionville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (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 <u>7-19-1955</u> , to <u>7-19-1955</u> , that I last saw the deceased alive on <u>7-19-1955</u> , and that death occurred at <u>6:45 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>V. Robinson</u>				23b. ADDRESS <u>D. O. A Marionville, Mo.</u>		23c. DATE SIGNED <u>7-19-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-20-1955</u>		REGISTRAR'S SIGNATURE <u>Ora M. Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Ferridge - Marionville, Mo.</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..... *Herman Curria*

Licensed Embalmer No. *301*

P. O. Address *Marion*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Embaling 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.