

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25674

State File No.

BIRTH NO. 49065-55 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 82

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|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>COOPER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>HOWARD</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>BOONVILLE</u> | c. LENGTH OF STAY (in this place) <u>5 YRS</u> | c. CITY OR TOWN <u>FRANKLIN</u> | d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>Box 22 8450 1</u> | |

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|---|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>LAWSON</u> c. (Last) <u>PERRY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1955</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>Aug 6, 1955</u> | | 9. AGE (In years last birthday) Months Days <u>4 30</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>GEORGE PERRY</u> | | 13b. MOTHER'S MAIDEN NAME <u>NANNY G. ARNOLD</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>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE PERRY</u> ADDRESS <u>Franklin, Mo</u> | |

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|--|--|---|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>776X</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u> | | 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 Aug 6, 1955, to Aug 6, 1955, that I last saw the deceased alive on Aug 6, 1955, and that death occurred at 11:30 m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE <u>J. Brown M.D.</u> | | 23b. ADDRESS <u>Boonville, Mo</u> | | 23c. DATE SIGNED <u>Aug 6, 1955</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>Aug 7, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>B.W. Theacher</u> | | 24f. ADDRESS <u>Boonville Mo</u> | |
| 24g. DATE REC'D BY LOCAL REG. <u>8/7/55</u> | | 24h. REGISTRAR'S SIGNATURE <u>Hooper 381</u> | | 24i. LICENSED EMBALMER'S SIGNATURE <u>Hooper 381</u> | |

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

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.....

Berry W. Thacker

Licensed Embalmer No. *394*

P. O. Address *Boonville*

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.