

FILED AUG 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26755

State File No. 66  
Registrar's No. 66

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 589v

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>RURAL JOACHIM</u>		c. CITY OR TOWN <u>DeSoto</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy. 6467 Near Pevsly, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>512 JEFFERSON ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALDA</u> b. (Middle) <u>E.</u> c. (Last) <u>PERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23-55</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>1888 March 22, 55</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Princeton Ind.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Eli Conrad</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>J.A. Perry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Whaley DeSoto, Mrs.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>traumatic injury</u>		DUPLICATE COPY			
*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			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>auto mobile accident</u>			
		DUE TO (c)			
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 checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>H. W. G. Co.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joachim Jefferson MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 23 1955 5:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>auto mobile injury</u>	

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 5:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Edwards, M.D.</u> (Degree or title)		23b. ADDRESS <u>Osborn Hill, Mo.</u>		23c. DATE SIGNED <u>8/23/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERCULANEUM</u>	
				24d. LOCATION (City, town, or county) (State) <u>HERCULANEUM, MO.</u>	

DATE REC'D BY LOCAL REG. <u>8-25-55</u>		REGISTRAR'S SIGNATURE <u>James C. DeSoto</u> 502		25. GENERAL DIRECTOR'S SIGNATURE <u>Walter K. Felitto</u> ADDRESS <u>Crystal City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500  
3

02029

774

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 *Emory R. Politt*.....

Licensed Embalmer No. *348*

P. O. Address *Crystal*.....

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.