

FILED JUN 18 1956

STANDARD CERTIFICATE OF DEATH

State File No. 21409BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bessville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perryville Nursing Home		d. STREET ADDRESS (If rural, give location) 0090	
3. NAME OF DECEASED (Type or Print) a. (First) Lewis b. (Middle) Bernard c. (Last) Thorpe			4. DATE OF DEATH (Month) (Day) (Year) May 30, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 4, 1873
9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Thorpe	
13b. MOTHER'S MAIDEN NAME Margaret Manning		14. NAME OF HUSBAND OR WIFE Mary Seemes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leo Comte, Perryville, Mo. R.1.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Arterio Sclerosis Infarctus 7 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 4201	
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>5/22, 1956</u> , to <u>5/30, 1956</u> , that I last saw the deceased alive on <u>5-27, 1956</u> , and that death occurred at <u>8:30 P.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Deceased or title) Dr. M. W. Nealman		23b. ADDRESS Perryville, Mo.	
23c. DATE SIGNED 6-1-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 1, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
24d. LOCATION (City, town, or county) (State) Perryville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey, Perryville, Mo.	
DATE REC'D BY LOCAL REG. June 1, 1956		REGISTRAR'S SIGNATURE Joe J. Zolner	
25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey, Perryville, Mo.		ADDRESS Perryville, Mo.	

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, ~~by~~

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Albert Bey
38766
Ferryville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.