

FILED JUL 10 1956

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

State File No. **22555**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6187 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Janey</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Janey</u>		
b. CITY OR TOWN <u>Rural Cedar Creek</u>		c. LENGTH OF STAY (in this place) <u>year</u>	c. CITY OR TOWN <u>Cedar Creek</u>		d. 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>Home Cedar Creek</u>			e. STREET ADDRESS (if rural, give location) <u>Rural Cedar Creek 106<sup>th</sup></u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>MAY</u> c. (Last) <u>PERSINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1956</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>June 14, 1880</u>	9. AGE (Years last birthday) <u>75</u>	IF UNDER 1 YEAR: Days <u>11</u> Hours <u>23</u> 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 <u>housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>L.E. Griffen</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Capelin</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Persinger</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>Edward Persinger</u> ADDRESS <u>Cedar Creek 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic</u>			<u>4 yrs.</u>		
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio-sclerotic heart</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</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>May 25<sup>th</sup></u> , 19 <u>56</u> , to <u>June 7<sup>th</sup></u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 25<sup>th</sup></u> , 19 <u>56</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> Degree or title _____			23b. ADDRESS <u>Franklin, Mo</u>		23c. DATE SIGNED <u>6/11/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/10/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cosco Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Creek Mo</u>
DATE/REC'D BY LOCAL REG. <u>7/8/56</u>		REGISTRAR'S SIGNATURE <u>Nelle Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	

Licensed Embalmer's Statement on Reverse Side

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

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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..... *Walter S. Cook*

Licensed Embalmer No. *473*

P. O. Address *Smith*

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.