

Health,
Welfare
Public
Service

300
1-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Walterscheid

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34790

STATE FILE NUMBER

FILED OCT 26 1956

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 354

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1259a Broadway			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 1259a Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Robert Perry				First Robert Middle Last Perry		4. DATE OF DEATH 10-13-56		Month 10 Day 13 Year 56					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10/16/1895		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Emp. Lime Kiln			10b. KIND OF BUSINESS OR INDUSTRY Marblehead Lime Co.		11. BIRTHPLACE (City and state or country) Shelby Co, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13. FATHER'S NAME Preston T. Perry				14. MOTHER'S MAIDEN NAME Ella Kerns									
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.		17. INFORMANT Mrs. Susie E. Miller, 1114 Woodrow								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shed without medical attention DUE TO (b) fell down stairs DUE TO (c) 9000 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 21								INTERVAL BETWEEN ONSET AND DEATH					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fell down stairs in home										
20c. TIME OF INJURY Hour 10:00 a. m. p. m. Month, Day, Year 10-13-56			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Hannibal		COUNTY Marion		STATE Mo.	
21. I attended the deceased from 10:00P. to and last saw her/him alive on Death occurred at 10:00P. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE JM O'Donnell (Degree or title) Cornet				22b. ADDRESS Hannibal Mo				22c. DATE SIGNED 10-16-56					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 10/17/56		23c. NAME OF CEMETERY OR CREMATORY Cherry Box Cemetery			23d. LOCATION (City, town, or county) (State) Cherry Box, Missouri					
24. FUNERAL DIRECTOR JM O'Donnell ADDRESS Hannibal, Mo.					25. DATE RECD. BY LOCAL REG. 10-17-56		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, Jr.						

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 23 1956
MARION CO. HEALTH DEPT.
DATE FILED OCT 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. M. O'Donnell

Licensed Embalmer No.....388

P. O. Address.....Hannibal

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