

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **12507**

FILED MAY 13 1957

Registration District No. **73** Primary Registration District No. **3014** Registrar's No. **13**

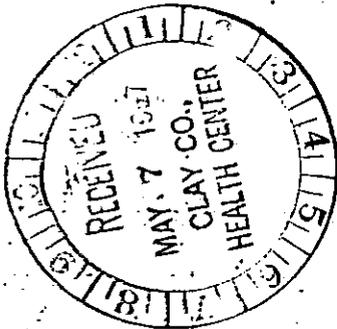
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | |
|--|---|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Clay | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Liberty | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ready Mix - 69 Hwy | | | Length of stay in lb 12 yrs | d. STREET ADDRESS (If outside, give location) Hwy. 69 + 71 B.B.s | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Ben HOWARD PERRIN | | | | 4. DATE OF DEATH APRIL 20 1957 | | | |
| 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 JUNE 21, 1918 | | 9. AGE (In years last birthday) 38 | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Truck Driver | 10b. KIND OF BUSINESS OR INDUSTRY Construction | | 11. BIRTHPLACE (City and state or country) Goldsberry, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Gilbert O. Perrin | | | | 14. MOTHER'S MAIDEN NAME Ruby White | | | |
| 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. 496-18-3344 | | 17. INFORMANT Katherine Love Kirksville, Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot Gun wound to left side of head, through mouth Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input checked="" type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____ | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year 4 2 57 | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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.) Ready mix | | 20f. CITY, TOWN, OR LOCATION Liberty Clay | | COUNTY MO | STATE MO |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) O. S. Patm, M.D. Coroner | | | | 22b. ADDRESS North Kansas City, Mo. | | 22c. DATE SIGNED 4/28/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE April 28, 1957 | 23c. NAME OF CEMETERY OR CREMATORY New Cambria | | 23d. LOCATION (City, town, or county) (State) New Cambria Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS SHURCH-ARCHER Liberty, Mo | | | 25. DATE RECD. BY LOCAL REG. 5-2-57 | | 26. REGISTRAR'S SIGNATURE Robert D. Graham | | |

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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 *John J. [Signature]*
Licensed Embalmer No. 444

P. O. Address *[Signature]*

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.