

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13958**

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal
c. LENGTH OF STAY (In this place) 6 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Marion
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ewing (Rural)
d. STREET ADDRESS (If rural, give location) R.R. # 2 0640

3. NAME OF DECEASED (Type or Print)
a. (First) Ruby b. (Middle) Dell c. (Last) Perrigo

4. DATE OF DEATH (Month) (Day) (Year)
April 3 1957

5. SEX F

6. COLOR OR RACE Wh.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH Feb 24, 1893

9. AGE (In years last birthday) 64 1 9 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Reuben Metcalf

13b. MOTHER'S MAIDEN NAME
Cora Brooks

14. NAME OF HUSBAND OR WIFE
Pearl Perrigo

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 ADDRESS
Pearl Perrigo, Ewing, Mo.

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) Carcinomatosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of left breast
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 mo
2 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
170x

20. AUTOPSY? YES NO

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)
170x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1955, 1957, to Apr 3, 1957, that I last saw the deceased alive on Apr 3, 1957, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. H. Hill M.D.

23b. ADDRESS
Palmyra Mo

23c. DATE SIGNED
4/8/57

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Apr. 6, 1957

24c. NAME OF CEMETERY OR CREMATORY
Nelsonville Baptist

24d. LOCATION (City, town, or county) (State)
Nelsonville, Mo.

DATE REC'D BY LOCAL REG.
4-10-57

REGISTRAR'S SIGNATURE
W. E. M. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Feaster Garner Philadelphia, Mo.

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

1890

RECEIVED APR 18 1957
MARION CO. HEALTH DEPT.
DATE FILED APR 18 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Harold Garner

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City Mo

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