

FILED JUN 7 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MACON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MACON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MACON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SAMARITAN Hosp</u>			Length of stay in lb <u>14 days</u>		d. STREET ADDRESS (If outside, give location) <u>MACON RURAL ROUTE</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>HELEN</u> Middle <u>RUTh</u> Last <u>PERRY</u>				4. DATE OF DEATH Month <u>APRIL</u> Day <u>28</u> Year <u>1957</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 7, 1915</u>		9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>ELEMENTARY TEACHER</u>		11. BIRTHPLACE (City and state or country) <u>SHELBY COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13. FATHER'S NAME <u>CHARLIE CRAWFORD</u>				14. MOTHER'S MAIDEN NAME <u>ALICE CRAWFORD</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>1708</u>		17. INFORMANT <u>WILLARD PERRY</u>		Address <u>MACON MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Trauma</u> Conditions, if any, which pose risk to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mitotic Carcinoma of Cervix</u> <u>1 1/2 years</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>171X</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>4/15</u> to <u>4/28/57</u> and last saw her/him alive on <u>4/28/57</u> . Death occurred at <u>4:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>James E. Campbell M.D.</u>				22b. ADDRESS <u>Macdon</u>			22c. DATE SIGNED <u>5/9/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-30-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>		23d. LOCATION (City, town, or county) <u>CLARENCE MO</u>					
24. FUNERAL DIRECTOR <u>Chas V. Greaney</u>			ADDRESS <u>Clarence Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5/12/57</u>		26. REGISTRAR'S SIGNATURE <u>Ruth M Greely</u>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

300  
1-56

185

County File No. 4-2100  
Date Filed 6-6-57

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 Charles V. Green

Licensed Embalmer No. 46

P. O. Address Clare

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.