

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 2 1 7 0  
STATE FILE NUMBER

FILED JUL 15 1957

Registration District No. 292 Primary Registration District No. 4435 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Ralls,</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perry, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Perry, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perry, Mo.</b>		Length of stay in 1b <b>2 Yrs</b>	d. STREET ADDRESS <b>Perry, Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>CATHERINE</b> First <b>ELLIOTT</b> Middle <b>ELLIOTT</b> Last			4. DATE OF DEATH <b>July 6, 1957</b> Month <b>July</b> Day <b>6</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 8, 1875</b>	9. AGE (In years last birthday) <b>82</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> IF UNDER 24 HRS. Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Ralls County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Redmond Hayes</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Foley</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Maude Elliott Perry, Mo.</b> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Sclerosis</b> DUE TO (b) <b>arterio Sclerosis</b> DUE TO (c) <b>Serulitis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
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 <b>a. m.</b> Month <b>Day, Year</b> p. m.					
20d. INJURY OCCURRED WHILE AT <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 <b>Jan 30-57</b> to <b>July 6</b> and last saw her <b>him</b> alive on <b>July 6</b> Death occurred at <b>9:30</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>E. T. Swan</b> (Degree or title) <b>D.O.</b>			22b. ADDRESS <b>Perry, Missouri.</b>		22c. DATE SIGNED <b>7-8-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-9-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Paul cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Ralls County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Clyde C. Wisney</b> ADDRESS <b>Perry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-9-1957</b>		26. REGISTRAR'S SIGNATURE <b>Clyde C. Wisney</b>	

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 Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Clyde C. [Signature]*

Licensed Embalmer No. 58

P. O. Address *Ferry, Mo*

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.