

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24258

State File No.

FILED JUL 29 1957

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Galt</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 mo</u>		e. STREET ADDRESS (If rural, give location) <u>0400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whitfield Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MVRTLE</u> b. (Middle) <u>ROSS</u> c. (Last) <u>PERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1957</u>		
5. SEX <u>fe 1</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>6-17-1876</u>	9. AGE (in years, last birthday) <u>81</u>	10. MONTHS <u>0</u> 11. DAYS <u>0</u> 12. HOURS <u>0</u> 13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Perry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Euna Humphys Galt mo.</u>	

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) <u>Metastatic Carcinoma sight</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>of origin unknown</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Generalized arteriosclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				<u>1999</u>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 17, 1957, to July 20, 1957, that I last saw the deceased alive on May 15, 1957, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David M. Witten, M.D.</u>		23b. ADDRESS <u>1300 Main, Trenton, mo.</u>		23c. DATE SIGNED <u>7-20-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galt Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Galt mo</u>		DATE REC'D BY LOCAL REG. <u>7/22/57</u>		REGISTRAR'S SIGNATURE <u>Drene Jaw</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PK Payne Son Galt mo</u>					

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

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..... *PK Payne Jr*

Licensed Embalmer No. *340*

P. O. Address *Galt*

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.